

8 JAN 1962



BOROUGH OF BEDFORD

Annual Report

ON THE

HEALTH OF BEDFORD

FOR THE YEAR

1960

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1960

BY

C. L. SHARP, M.R.C.S, L.R.C.P., D.P.H.

MEDICAL OFFICER OF HEALTH

together with the Report of

E. AVISON, F.A.P.H.I., M.R.S.H.

CHIEF PUBLIC HEALTH INSPECTOR

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REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

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REPORT

OF THE

Medical Officer of Health

Telephone Nos.:
Bedford 68777 and 2261.

PUBLIC HEALTH DEPARTMENT,
4 GOLDINGTON ROAD,
BEDFORD.

September, 1961.

TO HIS WORSHIP THE MAYOR,
ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF BEDFORD.

LADIES AND GENTLEMEN,

No serious health problems arose during 1960. The infant mortality was 17.2 per thousand births. The birth rate 20.9 per thousand population. The mortality from tuberculosis was 0.05 per thousand population and from lung cancer 0.42 per thousand population. The total number of deaths from lung cancer in England and Wales (or United Kingdom) for the last three years has been 62,875, roughly the equivalent of obliterating the entire population of Bedford.

To those unaware of the history of Public Health, such an "epidemic" might be thought capable of arousing public alarm and eventually effective governmental action, certainly what little can be done by the normal methods available to local authorities makes little difference against the millions expended in advertising. Doctors and school teachers cannot expect our school children to avoid becoming addicted when they so often smoke themselves. Very few of them are sufficiently interested to have made the careful study which I think such a problem deserves. The statisticians responsible for this work on lung cancer and smoking in this country and the United States are amongst the most able men available. Nor can one seek much comfort from the thought that air pollution is the major cause, for the M.O.H. of Jersey has stated that the death rate in the island from lung cancer is 50% higher than in England and Wales, although industry and motor cars are not a problem.

The daily deaths from cancer of the lung are about three times the figure for deaths on the road.

Cancer in its various forms killed 137 persons which is 22% of the total death. Early detection and treatment offers real hope but often the patient delays considerably before seeking advice, this is to a large extent because of the lack of information on the subject which has built up the erroneous idea that the disease is invariably fatal. Many of those who have had successful treatment never mention it in conversation. Campaigns to ensure earlier detection have now been given a proper trial in this country and the bogey of cancer phobia shewn to be groundless.

Diseases of the arteries and heart caused 304 deaths, which is 49% of the whole.

Bronchitis caused 39 deaths, which is 6% of the whole.

It is therefore fitting that any possibility for early detection and for prevention should be explored.

Cigarette smoking causing cancer, smoking and aerial pollution causing or exacerbating bronchitis, fear causing delay in seeking advice with cancer and obesity predisposing to arterial disease and diabetes, are therefore the major problems.

The problems arising from our immigrant population have naturally been very much the concern of the Department.

With regard to the Italian community, there has been much comment, not always well informed. For example, a statement was made implying that there was a problem concerning cruelty to children. As most Italian children are in Local Authority Schools and this was not in my opinion supported by the facts, I enquired of the local Inspector of the National Society for the Prevention of Cruelty to Children whether he had any support for the allegation, and he stated categorically that cruelty to Italian children was not a problem.

Difficulties arise over different customs and the language problem, but I have had considerable help from the Italian Vice Consul, Mr. Enrico Capobianco, and from his Staff and wish to record my appreciation for the work of the Vice Consulate.

Public Health Departments could and should do more work in the field of research and early detection, which would interest the better type of entrant and enhance the status of public health work.

For example, Professor Charles Best who, together with Frederick Banting, discovered insulin, an epic of medical science saving countless lives, has said :

“From the clinical point of view it is obvious that diabetes is, in large part, a public health problem. Certainly diabetics who are treated by a good specialist generally do much better than those who have inadequate supervision. In some countries poorly treated cases are much more prevalent than in others—possibly because of lack of funds or simply because expert supervision is not available. Then there is the urgent problem of the “unknown” diabetic. Many, many people are unaware that they have diabetes, and for this reason detection drives have been very helpful. Every “unknown” who is alerted to the need of prompt medical care will stand a better chance of living a happy, useful life.”

Dr. R. G. Hendry left during the year to take up an appointment as Senior Administrative Medical Officer in Hertfordshire.

We were indeed most fortunate in being able to appoint Dr. Peter Lavis, the sole applicant interviewed.

A Child Welfare Clinic at Putnoe was planned and built. This clinic is now in use.

Delegation of health, welfare and educational functions to the Borough means that those responsible for policy will be local people well aware of the needs of the people of Bedford.

I wish to thank the Chairman and Members of the Public Health Committee for their interest and encouragement and to record my thanks to the staff for their work throughout the year.

I am indebted to Mr. F. J. Dix for his work in compiling the statistics in this report.

I am,

Your obedient servant,

CLIVE L. SHARP,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

(31ST DECEMBER, 1960)

ALDERMAN L. H. NICHOLSON, M.B.E., Chairman
ALDERMAN A. A. RANDALL, J.P. (The Mayor)
COUNCILLOR A. R. SHARP, Vice-Chairman
COUNCILLOR K. J. R. BIRTWISTLE
COUNCILLOR F. D. CRISP
COUNCILLOR A. G. DAWES
COUNCILLOR MRS. M. F. M. GREAVES
COUNCILLOR MRS. C. M. METZ
COUNCILLOR MISS J. M. PROCTER
COUNCILLOR T. B. WOOLISCROFT

STAFF

Medical Officer of Health and Chief Welfare Officer :

C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health :

R. G. HENDRY, M.B., CH.B., D.OBST., R.C.O.G., D.P.H. (Resigned 30/6/61)

P. LAVIS, M.B., CH.B., D.P.H. (Appointed 1/7/61)

Chief Public Health Inspector :

E. AVISON, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector :

E. J. CONSTABLE, A.R.S.H., M.A.P.H.I.

Public Health Inspectors :

F. J. O. JAMES, M.A.P.H.I.

H. C. ORMEROD, M.A.P.H.I., A.R.S.H.

R. PEEL, M.A.P.H.I.

F. C. RYDING, M.A.P.H.I.

(All the Inspectors are qualified Meat Inspectors)

CLERICAL STAFF

Chief Clerk : F. J. DIX

Secretary : MRS. R. E. REGISTER

Other Clerical Staff :

Senior Clerks: F. V. BATSON, MISS E. EVANS and MISS O. M. ROSE
Clerks: MRS. A. ASHER, MISS M. AUSTIN, MRS. M. D. BARR, G. FORD,
MRS. J. GRAVES, MRS. D. GUNTER, MRS. M. HENMAN,
MISS J. O'SULLIVAN, MISS J. SIMMONDS and MRS. C. WATERHOUSE

NURSING

Chief Nursing Officer :

*MISS F. L. TOMBS, S.R.N., S.C.M., H.V.'s Cert., Q. Nursing Certificate

Deputy Superintendent Health Visitor :

*VACANT

Assistant Non-Medical Supervisor of Midwives and Home Nurses :
MISS W. FROST, S.R.N., S.C.M., H.V.'s Cert., Q. Nursing Certificate

Health Visitors :

MISS E. J. CALLANDER, MISS D. M. EASTWOOD, MISS D. ELLIOTT,
Mrs. A. H. HAMILTON, MRS. A. L. LEE, MRS. E. OXTON
and MISS M. E. STEVENS

School Nurses :

MRS. D. DAVIDSON and MRS. M. SETCHELL (Part-time)

District Nurses :

A. ANTHONY, F. W. FISHER, MRS. I. FORSYTH,
MRS. F. D. L. FOSTER, MISS D. W. KNEE, MRS. M. PEARCE,
MRS. N. F. B. PIRIE, MISS E. PRYOR, MISS W. ROGERS,
MISS R. A. SPAVINS and MISS B. M. WADELIN

Midwives :

MISS S. V. BENNETT, MRS. A. L. CRUNDWELL, MRS. I. HUGHES,
MRS. M. E. INSKIP and MISS M. M. JACK

MENTAL HEALTH*

Mental Health Officers :

C. W. FRENCH (Chief)

A. AUSTIN, C. B. BARNES, B. G. GARNER, E. F. K. KING,
J. MARSDEN, J. C. SHARDLOW and J. STEPHENSON

DENTAL

School Dental Surgeon :

F. BRABINGTON PERRY, L.D.S., R.C.S., D.E.C.D.S. (Part-time)

Dental Attendant : MISS P. A. SMITH

SOCIAL WORK

Social Welfare Officer : MISS M. McDOWALL

WELFARE

Welfare Officer : MRS. J. M. E. FRANCE

Home Teacher for the Blind : VACANT

OTHER

Trainee Public Health Inspectors : P. M. B. BILLINGTON and R. C. I. LINGER

Mortuary Attendant and Storekeeper : B. BOULTON

Disinfectors, Drain Testers, Rodent Destruction Operators :

G. CLARK and F. H. FAIRHURST

* Whole-time officers of the Bedfordshire County Council undertaking supervisory duties or working in a shared service capacity.

BOROUGH OF BEDFORD

Annual Report of the Medical Officer of Health

I. VITAL STATISTICS

1. Summary of Statistics

Area of Borough (in acres)	...	...	...	...	...	4,972
Population—						
Census 1961	...	...	...	...	...	63,317
Registrar-General's Estimated Home Population for						
1960	...	...	...	...	...	61,190
Number of Inhabited Houses—						
According to Rate Books	...	...	...	...	...	18,938
Number of Private Households—						
Census 1961	...	...	...	...	...	20,107
Number of Private Dwellings—						
Census 1961	...	...	...	...	...	19,110
Rateable Value (15th December)	...	...	...	...	...	£1,002,387
Penny Rate Product	...	...	...	...	...	£4,145
	Male	Female	Total		Rate per 1,000 population	
Live Births—					Crude	Corrected
Total	663	672	1,335		21.8	20.9
Legitimate	615	615	1,230			
Illegitimate	48	57	105			
Still Births—					Rate per 1,000 population	Rate per 1,000 total (live and still) births
Total	16	10	26		0.4	19.1
Legitimate	15	10	25			
Illegitimate	1	0	1			
Total Live and Still Births—						
Total	679	682	1,361			
Legitimate	636	625	1,255			
Illegitimate	49	57	106			
Infant Deaths (under one year of age)—					Rate per 1,000 births	
	Male	Female	Total	Total	Legi- timate	Illegi- timate
Total	9	14	23	17.2	15.8	1.5
Legitimate	9	12	21			
Illegitimate	—	2	2			

Infant Deaths (under four weeks of age)—					Rate per 1,000 births		
	Male	Female	Total	Total	Legi- timate	Illegi- timate	
Total ...	5	10	15	11.2	9.7	1.5	
Legitimate	5	8	13				
Illegitimate	—	2	2				
Infant Deaths (under one week of age)—							
Total ...	4	10	14	10.5	9.0	1.5	
Legitimate	4	8	12				
Illegitimate	—	2	2				
Illegitimate Live Births	...	...	...	7.9% of total live births			
Maternal Deaths	...	...	...	...	...	...	—
Maternal Mortality rate for 1,000 live and still births	...	...	...	...	...	...	—
Deaths—							
Male ...	...	...	...	...	...	...	290
Female ...	...	...	...	...	...	...	328
Total ...	...	...	...	...	...	...	618
Death Rates—							
All Causes	Crude		...	...	...	...	10.1
	Adjusted		...	...	...	...	10.3
Typhoid and Paratyphoid	...	...	...	...	...	...	—
Whooping Cough	...	...	...	...	...	...	—
Diphtheria	...	...	...	...	...	...	—
Tuberculosis	...	...	...	...	...	...	0.05
Influenza	...	...	...	...	...	...	—
Smallpox	...	...	...	...	...	...	—
Acute Poliomyelitis	...	...	...	...	...	...	—
Pneumonia	...	...	...	...	...	...	0.34
All causes under 1 year of age	...	...	...	...	...	...	0.38
Notifications (corrected)—							
Typhoid Fever	...	...	...	...	...	...	—
Paratyphoid Fever	...	...	...	...	...	...	—
Meningococcal Infection	...	...	...	...	...	...	—
Scarlet Fever	...	...	...	...	...	...	1.14
Whooping Cough	...	...	...	...	...	...	0.88
Diphtheria	...	...	...	...	...	...	—
Erysipelas	...	...	...	...	...	...	0.03
Smallpox	...	...	...	...	...	...	—
Measles	...	...	...	...	...	...	2.97
Pneumonia	...	...	...	...	...	...	0.49
Acute Poliomyelitis (including Polioencephalitis)—							
Paralytic	...	...	...	...	...	...	—
Non-paralytic	...	...	...	...	...	...	—
Food Poisoning	...	...	...	...	...	...	0.02
Puerperal Pyrexia	...	...	...	...	...	...	2.03
Dysentery	...	...	...	...	...	...	2.09

2. Population

The population as estimated by the Registrar-General for 1960 was 61,190 and as will be seen from the undermentioned table there has been a total increase of population of 6,160 in the last five years on his figures.

POPULATION 1955-1961

Year	Population	Increase over previous year	Natural increase	Difference due to excess of immigration over emigration
1955	56,030			
1956	56,450	420	567	—147
1957	57,580	1,130	612	518
1958	59,480	1,900	570	1,330
1959	60,190	1,710	579	1,131
1960	61,190	1,000	717	283
Total increase, 1955/1960		6,161	3,045	3,115
Average yearly increase in 5 years		1,232	609	623

The number of registered aliens in Bedford excluding children under 16 years of age was 3,974 (2,145 males and 1,829 females) an increase of 160 over the previous year ; 2,172 are married. In addition there are numbers of West Indians and Pakistanis. The number of males shows a decrease of 65 while in females an increase of 215 is shown.

These figures relate to aliens of the age of 16 years and over who were registered with the Police on 31st December, 1960, and do not include coloured persons not subject to the provisions of the Aliens Order, 1953.

The nationalities of aliens represented in the total figure are : —

Italians	...	...	...	...	2,210
Poles	...	...	...	...	540
Yugoslavs	...	...	...	...	219
Americans	...	...	...	...	214
Latvians	...	...	...	...	131
Germans	...	...	...	...	113
Others	...	...	...	...	547

The number of foreign and commonwealth school children attending local authority schools is 1,014.

Further information on foreign and other nationals is given in a later section of this report and also in the report of the Chief Public Health Inspector.

3. Birth Rate

The number of births is largely determined by the number of women of child-bearing age resident in the area, thus the birth rate cannot be compared with another area unless it is of a similar sex and age structure or until some allowance is made in the calculation. This is the function

of the comparability factor, this being supplied to all areas by the Registrar-General.

The birth rate for 1960 was 20.9 after multiplying by the comparability factor of 0.96, and that for England and Wales was 17.1. The crude rate for the year under review was 21.8.

The total number of live births was 1,335.

The above figures show fluctuations which are not necessarily significant, but nationally the trend has been upwards.

4. Still Births

The number of still births was 26 and the still birth rate 0.43 per 1,000 population which may be compared with 0.35 for England and Wales. The corresponding rates for 1,000 total live and still births were 19.1 and 20.7 respectively. In order to eliminate chance fluctuations the figures over a period of five years are given in the following table, from which it appears that the average figures vary little from those for the country as a whole.

STILL BIRTH RATES
Bedford and England and Wales, 1956-1960

Year	Per 1,000 population		Per 1,000 total births (live and still)	
	Bedford	England and Wales	Bedford	England and Wales
1956	0.43	0.37	20.9	23.0
1957	0.49	0.37	23.7	22.4
1958	0.35	0.36	17.7	21.6
1959	0.33	0.35	17.1	21.0
1960	0.43	0.32	19.1	19.7
Average	0.41	0.35	19.7	21.5

5. Death Rate

The uncorrected death rate was 10.1 as compared with 9.6 for the previous year. To make allowances for age and sex constitution the Registrar-General has allowed correction of this figure by the comparability figure of 1.02 by which a corrected death rate of 10.3 is obtained. The death rate compares very favourably with that for the previous year. The rate for England and Wales was 11.5.

6. Causes of Death

Cause of Death					Males	Females	Total
ALL CAUSES					290	328	618
1.	Tuberculosis, respiratory	...	...	...	2	—	2
2.	Tuberculosis, other	...	...	...	1	—	1
3.	Syphilitic disease	...	...	...	3	4	7
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	.....	...	...	—	—	—
6.	Meningococcal infections	...	...	...	—	—	—
7.	Acute Poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	—	—	—
10.	Malignant neoplasm, stomach	...	...	...	11	4	15
11.	Malignant neoplasm, lung, bronchus	...	...	...	25	1	26
12.	Malignant neoplasm, breast	...	...	...	—	16	16
13.	Malignant neoplasm, uterus	...	...	...	—	6	6
14.	Other malignant and lymphatic neoplasms	...	...	...	36	35	71
15.	Leukaemia, aleukaemia	...	...	...	—	3	3
16.	Diabetes	...	...	...	—	4	4
17.	Vascular lesions of nervous system	...	...	...	39	66	105
18.	Coronary diseases, angina	...	...	...	57	51	108
19.	Hypertension, with heart disease	...	...	...	3	7	10
20.	Other heart disease	...	...	...	14	46	60
21.	Other circulatory disease	...	...	...	10	11	21
22.	Influenza	...	...	...	—	—	—
23.	Pneumonia	...	...	...	11	12	23
24.	Bronchitis	...	...	...	24	15	39
25.	Other diseases of respiratory system	...	...	...	—	3	3
26.	Ulcer of stomach and duodenum	...	...	...	6	2	8
27.	Gastritis, enteritis and diarrhoea	...	...	...	3	5	8
28.	Nephritis and nephrosis	...	...	...	2	—	2
29.	Hyperplasia of prostate	...	...	...	4	—	4
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	4	3	7
32.	Other defined and ill-defined diseases	...	...	...	23	19	42
33.	Motor vehicle accidents	...	...	...	6	3	9
34.	All other accidents	...	...	...	4	12	16
35.	Suicide	...	...	...	2	—	2
36.	Homicide	...	...	...	—	—	—

In commenting on causes of death, reference might be made to : —

Tuberculosis only caused 3 deaths (in 1959 one and in 1958 three). The death rate is ceasing to be a useful measure of tuberculosis as a problem ; notifications are more significant.

A venereal disease, syphilis, caused seven deaths. Venereal disease has shown an increase in the country but the more common infection gonorrhea is very rarely a cause of death.

Cancer of the stomach caused 15 deaths compared with 11 last year. Cancer of the bronchus (lung) caused 26 deaths compared with 23 deaths in 1959.

Deaths from leukaemia over the last few years have been in 1955 three, then two in the years 1956, 1957, 1958, four in 1959 and this year

three. It is probable that leukaemia is now more commonly diagnosed as there are better facilities for laboratory investigations.

Disease of the heart and arteries (17-21) caused 304 deaths, which is 49% of the total deaths.

There is the most urgent need for research into this problem, so that one can pick out those prone to coronary thrombosis and institute preventive measures.

The type of research needed is not a hospital or laboratory study (most of those then involved have extensive disease which has not yet been shown to be to any extent reversible), but a study of dietary and other living pattern modifications in a large group of superficially "normal" men of about 40. I say apparently, because, of course, this group will contain many with either one or more of the important pre-disposing factors already present. Careful studies of their arterial state, metabolic efficiency (blood cholesterol levels, etc.) would, over a ten year period, show whether arterial disease had been delayed or prevented. This is a disease which must be prevented, for, although work is being done on the possibility of a "reline" of the affected section of coronary artery, in not a few cases the first attack is also the last.

Let me quote Professor J. N. Morris, Director of the Social Medicine Research Unit : —

"The Framingham study and our own of London busmen have now shown that blood pressure and blood cholesterol levels are independent of each other. Men with high blood pressure are not particularly likely to have high blood cholesterol, etc.—there seem to be two distinct disorders. However, high blood pressure and high blood cholesterol are very common, and they do coincide in individuals. When this happens the outlook is serious; in the Framingham study about a quarter of the men with blood cholesterol over 300 mg. % and diastolic pressure over 115 mm. Hg. developed coronary heart disease within six years. Clearly, the discovery of such levels in presumably healthy men is a clinical emergency, and controlled trials are urgently wanted of the methods available for helping them. This is an illustration of one of the main uses of epidemiology to clinical medicine : the identification of "susceptibles", of a vulnerable group of individuals. (Obesity may be a third easily recognisable precursor, though how independent of these two remains to be settled.)

More serious, there are no prospective studies in the West (or anywhere) of individuals, their food habits, blood lipids, and personal experience of coronary heart disease, other variables now thought important being held constant. And there is very little of retrospective study either. The emphasis in all I am saying is on lack of evidence and not on negative results. Surprising though it may sound, little work is at present being done on many of these questions. They are of course frightfully difficult."

This is depressing, but perhaps, as in the past where official action has been lacking, a Nuffield, Wolfson, Ford or Rockefeller has come forward and we may hope that industry, which is now creating industrial medical services, will take up the challenge. An opportunity exists for co-operation between health departments and industry in this connection.

Research projects are being planned in the U.S.A. and will no doubt be in operation soon. In the field of medicine in recent years American contributions in antibiotics and poliomyelitis vaccines have been outstanding and the world owes them a great debt, which should I think at least be acknowledged. It is just as well for the world that one major power expended its money in this direction.

The following table shows the number of deaths from motor vehicle and other accidents in the past five years.

	Motor vehicle accidents			All other accidents		
	M	F	Total	M	F	Total
1956	9	1	10	13	14	27
1957	6	1	7	6	7	13
1958	9	—	9	9	11	20
1959	11	2	13	10	4	14
1960	6	3	9	11	1	12

One child was killed on the road ; fatal road casualties in the Borough were aged 7, 29, and 58 years.

The importance of accidents at home, at work, and on the roads is brought out by the above figures.

7. Maternal Mortality

No deaths occurred in connection with pregnancy and childbirth.

8. Infant Mortality

The total number of infant deaths was 23 of which 9 were male and 14 female, giving an infant mortality rate of 17.2 per 1,000 live births over the year, which may be compared with 21.7 per 1,000 live births, the figure for England and Wales.

The table for the past five years shows that the figures for Bedford are much below those for the country as a whole.

DEATH RATE PER 1,000 LIVE BIRTHS

Year	Bedford		England and Wales
1956	...	16.0	23.7
1957	...	19.1	23.1
1958	...	13.7	22.6
1959	...	7.8	22.2
1960	...	17.2	21.7
Average	...	14.7	22.7

The number of neo-natal deaths, or those occurring under one month, was 15 corresponding to a rate of 11.2 per 1,000 live births, which compared with 2.6, the figure for the previous year, shows an increase.

INFANT MORTALITY BY SEX AND CAUSE

Cause	Under one month		Total (under one month)	Over one month but under one year		Total (under one year)
	M	F		M	F	
Pneumonia	1	—	—	1	2	3
Immaturity (associated immaturity)... ..	2	5	7	—	—	7
Other causes	2	1	3	1	—	4
Gastro-enteritis ...	—	—	—	2	1	3
Malformations ...	1	1	2	—	—	2
Bronchitis ...	—	—	—	—	1	1
Spina bifida ...	—	1	1	1	—	2
Asphyxia ...	—	1	1	—	—	1

(The above table compiled from local information gives a slight difference from those figures compiled by the Registrar-General.)

Diabetes is an important disease, as not only is it responsible for the deaths enumerated but many persons are affected by the complications which include arterial disease, particularly affecting the circulation to the feet and sometimes causing gangrene which may require an amputation, coronary thrombosis and blindness.

It is of interest that new registrations for blindness by cause 1957-60 for North Bedfordshire total 14 cases. The need for early detection of diabetes is thus a most important matter. Glaucoma contributed 12 cases, senile macular degeneration 32 and cataract 39 cases of blindness.

II. PREVENTION OF ILLNESS

(A) OBESITY

One of the most important predisposing causes of illness is obesity. It predisposes the patient to arterial disease, high blood pressure and diabetes as well as other diseases. In many cases it considerably shortens life.

The cure of obesity is difficult and all sorts of peculiar diets have been put forward. Some of these carry their own risk, particularly when pursued without medical supervision. In view of the contradictory advice given I think it important to deal with this subject.

Let me quote John Yudkin, Professor of Nutrition. He wrote in the "Lancet" of 19th December, 1959, as follows : —

"In every conceivable way it has been proved that the accumulation of excessive fat follows the intake of excessive calories. Again, when caloric expenditure exceeds caloric income, the consequent fall in weight is as inevitable as the fall in bank balance when monetary expenditure exceeds monetary income. There are often good psychological reasons which make it difficult for people to accept these facts, but facts they certainly are.

Causes of Overeating

It seems fairly certain that the incidence of overweight is increasing in this and other developed countries. The Chief Medical Officer of the Ministry of Education has recently commented on the increasing number of fat children.

Since in such countries as Great Britain and the United States economic reasons are now relatively rarely the cause of restricted food consumption, and the majority of people can eat as much as they wish, it follows that there must be some mechanism in the normal individual which relates his food intake to his caloric needs. Such a mechanism is the appetite centre in the hypothalamus, which Joliffe has so graphically called the 'appestat'.

The appestat reacts to a shortage of calories in some way so as to promote hunger and cause a desire for food. When enough food is taken, the effect upon the appestat is such as to induce the sensation of satiety. For most adults and at most times, the result is that, over periods of a few days at most, caloric intake exactly matches caloric output, and the body-weight remains constant. In children the balance is so set that there are enough surplus calories to determine optimal growth without the deposition of excessive fat.

Exercise

In ordinary circumstances the appestat simply regulates caloric intake in relation to caloric expenditure. When physical activity and so caloric expenditure increase or decrease, food intake increases or decreases in proportion. But this relationship breaks down when physical activity is very low. People who lead very sedentary lives do not always reduce the caloric intake in proportion to their low caloric requirements, and as a result they tend to become overweight.

Fallacy of 'As Much as I Like'

Most lay people and surprisingly many doctors still believe that there are fortunate people whose weight remains unaffected by quite large variations in the amount of food they eat. This is based on two sorts of confusion. In the first we are told : 'Mrs. Smith eats much more than Mrs. Jones, yet she is slimmer.' This may well be true. It is then suggested that this proves that Mrs. Smith will not get fat however much she eats. This is false. All it shows is that her total energy expenditure, at rest and at work, is greater than that of Mrs. Jones. Booyens and McCance have shown that there is a great

variation in basal metabolic rate and in the expenditure of energy for a given task. One person can thus expend twice as many calories as another without being any more active. It is indeed not surprising that there should be a great individual variation in the efficiency of the conversion of food energy into physical energy, so that there will be great individual variation in food intake.

Conclusion

We can thus explain the causes of obesity in terms of a variety of factors acting on the appetite centre so as to cause excessive eating. The two commonest of these factors seem to be : (1) very low physical activity ; and (2) the temptation to eat too much, especially of sweet prepared food.

The chief aims of treatment will thus be to increase physical activity, and to give a diet designed to be lower in calories while still of optimal satiety. This in practice means a diet which need be restricted only in carbohydrate."

However, the real point of all the discussion is that most people find it very difficult to curtail their intake or starve themselves in the midst of plenty and will find some mental mechanism (many are only too pleased to supply one in popular articles) of avoiding responsibility.

The moral is, if one is slightly overweight a reduction of carbohydrate intake is necessary in conjunction with an increase in exercise.

Special hospital clinics dealing with all aspects of obesity are probably required for much success to be gained in this difficult field.

(B) GERMAN MEASLES

German Measles is, of course, usually a trivial disease of childhood, but should a pregnant woman become infected during the first three months of pregnancy and, more particularly, within the first few weeks, then there is a possibility that the normal development of the child may be affected and the child born with various disabilities, such as defective vision, hearing or mental ability.

The risk of a mother catching German Measles is, of course, small and in the main is where the mother is nursing a child or relative with this disease or visiting the home of a case and not from casual exposure in public transport or places of entertainment.

If the mother knows that she has been exposed to the risk of acquiring German Measles treatment can be given which will reduce the danger to the child.

In view of the serious nature of the handicaps to which the child is exposed if the mother has German Measles during the early weeks it is wise for mothers to avoid such exposure and the parents of children with German Measles should not allow them to visit young married women.

Perhaps the solution may be for all girls to be infected deliberately during their first two years of life.

(C) PREVENTION OF DEATH BY DROWNING

Fatalities in Bedford amongst children during the years 1957 to 1959 were : —

1957	...	Boy, aged 4 years, near bathing huts, Queen's Park.
		Boy, aged 8 years, at old Newnham Baths.
1958	...	Boy, aged 12 years, at Queen's Park Lido.
1959	...	Boy, aged 8 years, near Batts Ford.
		Boy, aged 12 years, at Queen's Park Lido.
		Boy, aged 8 years, at Queen's Park Lido.

The Chief Constable comments : —

“ It will be noted that three of the deaths occurred at the Queen's Park Lido and occurred mainly through children not under supervision getting out of their depth. Whilst the fencing of the river may tend to act as a deterrent to children to bathe in the river, nevertheless, it will not stop this practice and I feel that it would be much better if provision could be made for enclosing part of the river where children could bathe in safety. Although cases of death by drowning are few in number, nevertheless, it must also be borne in mind that many children each year get into difficulties in various parts of the river, but owing to the action of members of the general public, and in some cases the Police, their lives have been saved. Such cases have not been confined to the Queen's Park Lido however, and occur in many parts of the river between Queen's Park and Mill Meadows Railway Bridge.”

Artificial respiration and life-saving by the most modern methods, should be taught more generally.

(D) PREVENTIVE MEDICINE

Prophylaxis—								Number Protected
Smallpox	...	...	...	...	...	...	...	828
Poliomyelitis—								
Received three injections	...	...	...	...	...	...	...	3,724
Received two injections and awaiting third	...	...	...	...	...	...	...	4,297
Diphtheria—								
Primary course	...	...	...	...	...	...	...	1,341
Re-inforcing dose	...	...	...	...	...	...	...	968
Perinatal Mortality	...	...	...	...	...	...	...	14
	10.5 per 1,000 births. 0.23 per 1,000 population.							
Post neo natal death rate (deaths after first month until end of first year)	...	...	...	...	...	...	...	8
	6.0 per 1,000 births. 0.13 per 1,000 population.							
Children and young persons brought before Juvenile Court—								
1957	...	...	...	...	...	...	...	201
1958	...	...	...	...	...	...	...	182
1959	...	...	...	...	...	...	...	190
1960	...	...	...	...	...	...	...	169
Children taken into care	...	...	...	...	...	...	...	75

Illegitimacy—Total live and still births	...	...	...	...	106
Live births 7.9% of total live births.					

Cases dealt with by N.S.P.C.C.	...	...	...	...	127
Consisted of—					
Neglect	...	...	...	...	67
Assault or ill treatment	...	...	...	...	13
Beyond control	...	...	...	...	8
Moral danger	...	...	...	...	3
Aid/advice sought	...	...	...	...	36
Children involved	...	...	...	...	317
Supervisions of families	...	...	...	...	452
Prosecutions	...	...	...	...	1

Deaths from diseases or conditions in which causation is largely preventable—					
Cancer of the lung	...	...	...	...	26
Chronic bronchitis	...	...	...	...	39
Poliomyelitis	...	...	...	...	—
Diphtheria	...	...	...	...	—
Accidents (other than road)	...	...	...	...	16

Deaths below 55 years of age—					
Males	...	...	...	...	45
Females	...	...	...	...	37
Total	...	...	...	...	82

One would like to see far more infants vaccinated against smallpox, which, despite antibiotics, is often fatal and which, if not fatal, is usually disfiguring.

More adults should have had protection against poliomyelitis. Our mortality from this in the past has been in an adult group.

The figures relating to child care as provided by the National Society for the Prevention of Cruelty to Children give no cause for any complacency.

The outstanding feature of these various statistics is, however, the illegitimacy figure. This is a problem which should be faced by the community ; prejudice and platitudes serve no useful purpose.

III. SOCIAL CONDITIONS

A subject rarely discussed, but nevertheless of considerable importance, is that of illegitimacy. It is increasing, from 31,145 in England and Wales in 1955 to 38,161 in 1959, and causes a great deal of unhappiness both to mother and child and leads not infrequently to the child growing up with a maladjusted personality. In Bedford the number of illegitimate births has risen from 59 in 1959 to 105 in 1960.

It is often the start of a tragic sequence of events, forced marriage and later divorce, a wretched existence for mother and child, and later adults more likely to repeat the cycle or fail at marriage.

It is because I have seen some of these tragedies unfolding over the years and the generations that I feel that this subject should be the subject of a report. As School Medical Officer I see some of these children who are becoming maladjusted and I believe that modern psychiatry has not yet had much influence in bringing about needed research and reform.

Mortality and morbidity are higher in the illegitimate group. In the Newcastle-upon-Tyne survey, the accident rate amongst illegitimate children was 18% as against 5% amongst legitimate. Furthermore, the recent rise in venereal disease amongst young persons suggests that nationally the figure will continue to rise.

Not a few of the marriages which fail start off under the disability of being forced by the mother's pregnancy and the pressure of the families concerned. One bride in five who ever gives birth to a child is pregnant on the wedding day. A high proportion of all marriages made by girls under twenty-one end in divorce.

In 1959, 56% of legitimate maternities to mothers who were below the age of twenty at confinement took place within eight months of marriage.

The age distribution of illegitimacy in a survey in this country showed : —

15-19 years 16%, 20-24 years 26%, 25-29 years 20%,
30-34 years 17% and 35-39 years 13%.

The fathers' age distribution was as follows : —

Under 20 years 2.7%, 20-24 years 20%, 25-29 years 21%,
30-34 years 22%, 35-39 years 13% and 40-49 years 17%.

So far as responsibility is concerned few fathers can be defended on the grounds of their youth.

A number of questions should be asked concerning illegitimacy.

Social Class

Relatively few of the mothers came from homes in social classes 1 and 2. This probably reflects greater parental care, higher intelligence and less ignorance of contraception.

There is some evidence that uprooted families and broken families (father perhaps dead or left) are especially apt to produce the chaotic and disturbed relationships which predispose to unmarried motherhood. More divorce, separation and marital difficulties probably would have led to even higher figures over the last few years, but for more knowledge of contraception.

Care for the family deprived of the breadwinner or mother is, in my opinion, very far from satisfactory and more help is urgently needed for them. There is no easy solution, but a study could be made to seek out these families, study their difficulties and seek remedies.

What about the father ?

Too little attention has been given to the father for a firm statement to be made about him. One suspects ignorance and lack of care to be of significance, about 10% are married. The higher consumption of alcohol may be of importance too.

Mental Health of the Mother

Pregnancy in these girls causes great unhappiness, some consider suicide, a small percentage attempt suicide—this tends to occur in the early months.

Who should care for the Child ?

Can one decide which mothers will be good or adequate mothers ? I am convinced that a proper investigation of the girl's personality, background (her childhood), the parental attitudes and housing facilities could lead one to prognosticate with some success. Investigation of the girl by a psychiatrist and her home by a psychiatric social worker should be made. Health visitors could often supply them with vital information. A great deal is at stake. Here is an opportunity for the best type of psychiatry, preventive psychiatry, with a much enhanced possibility of success.

No attempt should be made to persuade a mother or grandparent to undertake the care of the child, the various difficulties should be fully explained to those where circumstances are propitious for such care. Where all the circumstances are not favourable, the mother should be advised that adoption is in the child's best interest, which should be the paramount consideration.

What happens when the unmarried mother or her child is ill ?

Most of the mothers are unable to earn much, lacking training and qualifications.

In one Danish investigation, made in 1949, nearly a quarter of the children had to look after themselves if they were ill, though about a sixth of the mothers stayed away from work to cope. When the mother was ill the child had to manage on its own or with what help might be given by others. Although many children were at times left alone in the evenings, many mothers never went out. No wonder that about 33% of the mothers were under treatment for "bad nerves".

What are the possibilities for prevention ?

Illegitimacy is to a large extent an index of ignorance of contraception. In a world whose population already is outstripping the production of food and services in some areas the production of unwanted and preventable pregnancies should be faced.

Society condemns and punishes in many ways the unmarried mother, abortion and infanticide, but takes no steps to see that advice concerning contraception is available and that precautions should be taken by both partners. The prime responsibility for making a woman pregnant is that of the man and he should take precautions against pregnancy. A much heavier financial contribution from the father might also help, this should be collected by the State from the man's employer or paid by the State in default and then recovered from the man.

In Sweden the deliberate spread of knowledge about birth control has reduced illegitimacy and reduced the number of mothers pregnant before marriage, even though measures were being taken at the same

time to make life easier financially for unmarried mothers and their children.

The perinatal mortality (stillbirths and deaths in the first week of life) was 34 per 1,000 in England and Wales in 1959. If it could be reduced to the rate in Sweden in 1955 some 5,000 infant lives would be saved annually.

The plea that continence should be practised as the answer has had practical trial for many years and is still failing. It is, therefore, time that other ideas be given a trial, in addition to the present methods.

What other measures are needed ?

Aid in obtaining accommodation, training for better paid work and careful assessment before a decision is made with regard to the mother keeping the child would help. Also, should the mother be paid to look after her own child during the first three years ? In my opinion, if she is not fit or suitable to do this, then it is a tragedy that she has the care of the child, but assuming that she is a fit and suitable person, with adequate housing and the support of the family, then she should be paid to look after the child.

Young people should be informed of the dangers of promiscuity, which are venereal disease, pregnancy, forced marriage to an unsuitable person with high risk of divorce, resort to abortionist with danger to health and possibly life and, perhaps most important of all, a promiscuous boy or girl may well lose their self-respect and make marriage adjustment later more difficult. The temptation to seek sex outside marriage when the first difficulties inevitably come along is less easy to resist.

Lastly, all responsible adults should realise that the earlier sexual maturity of young persons is creating problems for them which we as adults should meet by better management more suited to the needs of a greater psychological maturity at an earlier age.

We do not know enough and more research is urgently needed in this country.

I am indebted to the book "The Unmarried Mother and Her Child" by Virginia Wimperis, published by Allen and Unwin, for many of the facts given in this section.

I wish to thank Miss Wimperis for her help in criticising my initial draft.

IV. SANITARY CIRCUMSTANCES IN THE AREA

1. General

With few exceptions all houses have an internal water supply and are connected with the sewers.

2. Water Supply

(A) QUALITY AND QUANTITY

I am indebted to the Water Engineer to the North Bedfordshire Water Board for the following information relating to the water supply.

- (i) The water supply to the Borough has been satisfactory in quality and quantity.
- (ii) A summary of the results of bacteriological examinations of the raw water and of the water going into supply is given below : —

BACTERIOLOGICAL RESULTS, 1960

Source	No. of samples	Presumptive coliforms			B. Coli. Type I			Plate counts		
		% positive	% with 1800+ orgs.	Av. orgs. per 100 ml.	% positive	% with 1800+ orgs.	Av. orgs. per 100 ml.	No. of samples	Av. orgs. per ml.	
									37° C.	20° C.
Raw Water ...	52	100	50	1414	100	43	1082	52	718	2067
Water to Supply	918	Nil	Nil	Nil	Nil	Nil	Nil	52	4.5	7
own samples after repairs ; from new mains, etc. ...	341	*7.6	Nil	—	Nil	Nil	Nil	—	—	—

* Represents 26 samples, 20 of which were from new mains not in use.

- (iii) Water unlikely to be plumbo-solvent. Samples taken twice a month contained no measurable amount of lead.
- (iv) All work on old and new mains is followed by chlorination and check bacteriological sampling by the Waterworks Chemist.

Safety

Waterworks personnel are, where appropriate, submitted to blood tests to exclude the possibility of any being carriers of typhoid.

A summary of chemical analyses of the raw water and the fully treated water is given in the following table.

CHEMICAL ANALYSES, YEAR ENDING 31ST DECEMBER, 1960

	Raw water		Treated water	
	Range	Average	Range	Average
Reaction (pH)	7.35-8.7	8.2	7.2-8.3	7.75
Turbidity (silica scale)	2-97	23	Nil-6	1
Colour (hazen units)	12-46	32	Nil-10	4
Carbonate hardness as CaCO ₃ ...	148-262	225	89-225	185
Non-carbonate hardness as CaCO ₃	104-205	144	107-229	160
Total hardness p.p.m.	318-420	363	247-406	345
Total hardness (degrees—Clark)	23-30	26	18-29	25
Free Carbon Dioxide	3.8-11.0	7.4	3.6-21.3	13.1
Chlorine in Chlorides	22-63	40.0	29-64	42
Electric Conductivity (reciprocal megohms per c.c. at 20°C) ...	500-785	679	510-790	673
Ammoniacal Nitrogen (free and saline Ammonia)	Nil-0.14	0.08	Nil-0.01	0.006
Albuminoid Nitrogen	0.13-0.98	0.34	0.04-0.38	0.14
Nitrogen in Nitrites	0.68-9.8	3.3	1.0-12.3	3.66
Nitrogen in Nitrates				
Oxygen absorbed in 4 hrs. at 27°C.	0.3-6.5	3.1	0.15-2.4	1.26
Iron	—	Trace	—	Nil
Copper	—	Nil	—	Nil
Lead	—	Nil	—	Nil
Zinc	—	Nil	—	Nil
Calcium as Ca	114-159	132	53-154	124
Magnesium as Mg	2.4-11.5	8	3.4-12.5	8
Fluorine	0.1-0.25	0.2	—	0.2
Sulphates	58-180	131	72-190	146
Phosphates	0.32-0.7	0.51	—	Nil
Aluminium	—	—	Less than 0.1	
Sodium	13-16	15	15-19	18
Potassium	4.5-5.7	5.0	4.5-5.3	5.0
Anionic detergent (as Manoxol O.T. after Longwell and Maniece)	Trace-0.65	0.25	Nil-0.4	0.15

Results in parts per million.

The following tables show the result of examinations undertaken at the Public Health Service Laboratory.

BACTERIOLOGICAL RESULTS—FULLY TREATED WATER

No. of samples of water in the course of distribution	Presumptive coliforms		Faecal coliforms	
	Pos.	av. orgs. per 100 ml.	Pos.	av. orgs. per 100 ml.
108	24	5	1	6

Cases where coliforms are found are referred to the Water Board for further investigations. No evidence of pollution dangerous to health was discovered.

(B) UNTREATED RAW WATER

14 samples were taken from the Water Board's Station. The following table shows the results of these samples.

Presumptive coliforms per 100 ml.		Faecal coliforms per 100 ml.	
Highest	Lowest	Highest	Lowest
5,500	900	1,800	20

The results are to be expected for a low-land river such as the Ouse.

(C) SUPPLY TO DWELLING HOUSES

All houses are supplied from public water mains direct except 14 houses which are supplied by 4 standpipes.

(D) SWIMMING BATHS, BATHING PLACES AND PADDLING POOL

Newnham Baths

Further work on the reconstruction of these baths was undertaken during the year, and the large swimming pool was completed during the spring and opened for use. Water from the Water Board's mains is being used and a chlorinating plant has been installed.

Results of samples taken are shown in the following table.

Bathing Places and Paddling Pool

Samples were also taken from four officially controlled or generally recognised bathing places in the river and one paddling pool and the results were comparable to those shown above of samples taken of the raw water before treatment at the waterworks.

Source	No. of samples	Presumptive coliforms per 100 ml.		Faecal coliforms per 100 ml.	
		Highest	Lowest	Highest	Lowest
Newnham Baths ...	98	180	Nil	18	Nil
Bathing Places and Paddling Pool ...	75	18,000	130	5,500	Nil

It should be stressed that the chlorination at Newnham was soon functioning efficiently and minimal, or, more usually, zero counts obtained, i.e. a water of the standard of drinking water bacteriologically.

V. HOUSING

1. General

For details of the work carried out under the Housing and Public Health Acts reference is made to the report of the Chief Public Health Inspector on pages 45-82.

2. New Units of Accommodation

During the years 1945 to 1960 the following numbers and type of new units of accommodation were completed.

NEW DWELLINGS AND CONVERSIONS, 1945-1960

	(1) Prefabricated Dwellings (Council)		(2) Permanent Dwellings (Council)	(3) Permanent houses erected by builders	(4) Conversions : Houses into flats		(5) Other adapta- tions. Additional units of accommo- dation	(6) Total additional units of accommo- dation provided
	Tem- porary	Perma- nent			Tem- porary	Perm- anent		
5-1959 totals	180	158	2,505	1,602	150	356	14	4,665
0	—	—	253*	350	7	22	—	618
Totals ...	180	158	2,758	1,952	157	378	14	5,283

* Includes 25 for sale.

NOTES.—The totals in columns (6) are obtained by adding the figures in columns (1), (2), (3) and (5) as they stand, and in the case of column (4) by subtracting the figures in column (i) from those in column (ii) to find the number to be included in the total. This last procedure may not always be quite accurate, but gives a sufficient approximation.

It should be noted that demolitions amounted to 556 over this period.

3. Housing Requirements

APPLICATIONS FOR COUNCIL HOUSES

I am informed by the Housing Manager that the number of applicants for houses on the books of the Corporation at the end of the year was 1,193.

The following shows the number of applicants at the end of each year over the past ten years.

Year	No. of Applicants			
1951	2,593
1952	1,674
1953	1,584
1954	2,109
1955	1,579
1956	1,783
1957	1,484
1958	1,445
1959	1,757
1960	1,193*

* 167 classified as "reserve" not seeking immediate accommodation but have applied to meet future eventualities.

4. Specialised Housing Needs

Now that many thousands of new houses have been built specialised housing needs are receiving more attention.

Housing schemes for the old and the physically handicapped are being tried out successfully, though the bugbear of extra cost receives far too much attention, as it should be weighed against the extra cost of keeping an old person in an institution, which is of course an inferior answer if human happiness is allowed to come into the discussion. Nor is it only a matter of design of the flat, a warden is needed in a block catering for some old people. Specialised accommodation, both individual and group and whether for aged or physically handicapped, should be part of a complex of buildings, including much accommodation for normal people. As Dr. G. A. Metcalfe has pointed out : —

“ In Holland, besides having their small one or two storey groups of flats they go in for Complexes containing not only blocks or terraced rows of flats which are themselves self-contained, but these are associated, and in communication with, staffed blocks of bed-sitting rooms giving communal facilities including central kitchen, communal feeding, shared bathrooms and lavatories and a sick bay.

Now, knowing the inevitable down-hill progress of old age, one can well see how Councils fight shy of providing blocks of dwellings for tenants who will tend to need more and more attention, and it is here that the Dutch method seems to me so attractive.”

There is, I think, another specialised housing need which is not being met. The widower with several children and the widow, deserted or divorced wife with children, may, if unsupported by suitable relatives, have great difficulty in making suitable arrangements for the care of the children on returning from school and during school holidays. Young girls of twelve may have to cope with the several younger children and the catering. Little wonder that they will, under the strain and during adolescence, revolt against the difficulties and frustration, leaving home as soon as possible, perhaps rushing into unsuitable marriage, or, in seeking the affection and care they lack, become unmarried mothers, leaving the younger sister to run the same gauntlet. For boys the danger of delinquency is a very real one. Such families have been considered on many occasions by the Co-Ordinating Committee, but without success, as the hours make the solution by means of the Home Help Service impossible. Formerly, with larger more immobile families and lack of employment for women, maiden aunts and others could be called upon for help.

The answer to this most important problem is, in my opinion, the provision of housing in a flat or group of houses with suitable play and recreational facilities in and out of doors and where some responsible person (or preferably husband and wife) could exercise supervision over the children and see that they are fed and properly cared for. Nor is this a flight of fancy, as in Sweden an institution known as a family hotel caters for this problem most efficiently in a block of flats containing a nursery school with a nurse in charge : the flats varying in size and the whole running on a sound financial basis.

No doubt there are a number of these families whose arrangements do not come to our notice, but where the arrangements are nevertheless far from satisfactory.

The Welfare State appears to have taken care of everything, but a closer look reveals that the services cannot solve all the problems and if we are going to keep people in their homes rather than institutions then improved facilities for home help, meals on wheels and other services must be provided, also specialised housing with resident help or the combination of the two is sorely needed. There are not large numbers of such people and the necessary provision for them should receive priority in funds and a willingness for the trial of experimental projects not yet given to them.

A recent survey of children living in flats has shown how unsatisfactory the provision is. Young children cannot be left to play unsupervised, for this survey showed that where good play space and equipment are provided they were not used much for the three to fives. This suggests that families with children should not live in flats (unless on the ground floor perhaps). On the other hand, pressure on building land and need for high density areas in towns inclines one to think that an attempt be made to deal with this problem by suitable design and supervision.

A block of flats could be designed to cater mainly for the normal, with some provision for the aged, the physically handicapped (wheel-chair users) and the broken family, where some facilities for meals and a common room is required. A resident warden, with his wife, could see that the old and handicapped received adequate care.

The cost need not be astronomical and it should be borne in mind that failure to solve these problems may cause a breakdown in the family or anti-social behaviour later ; the cost of which is indeed astronomical.

VI. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

1. Infectious Diseases, other than Tuberculosis

(A) GENERAL STATISTICS

The following table shows in summary form the number of infectious diseases notified during the year, together with the number of deaths from these diseases.

DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED

Disease	Total cases notified	Total deaths registered
Scarlet Fever	70	—
Whooping Cough	54	—
Diphtheria	—	—
Measles	182	—
Acute Pneumonia	30	23
Meningococcal Infection	—	—
Acute Poliomyelitis—		
Paralytic	—	—
Non-Paralytic	—	—
Acute Encephalitis—		
Infective	—	—
Post Infectious	—	—
Dysentery	128	—
Ophthalmia Neonatorum	—	—
Puerperal Pyrexia	124	—
Smallpox	—	—
Paratyphoid Fever	—	—
Typhoid Fever	1	—
Food Poisoning	1	—
Jaundice	2	—
Erysipelas	2	—
Malaria	—	—
Totals	594	23

The following tables gives the number of infectious diseases notified divided into groups of age and sex.

	Scarlet fever		Whoop- ing cough		Acute poliomyelitis				Measles		Diph- theria		Dysen- tery		Menin- gococ- cal infec- tion	
					Paraly- tic		Non- para- lytic									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year ...	—	—	1	7	—	—	—	—	—	2	—	—	—	12	—	—
1 year ...	1	1	2	8	—	—	—	—	4	6	—	—	3	4	—	—
2 years ...	1	2	2	7	—	—	—	—	7	6	—	—	4	3	—	—
3 years ...	3	2	4	4	—	—	—	—	4	4	—	—	5	3	—	—
4 years ...	3	5	1	3	—	—	—	—	10	8	—	—	8	1	—	—
5-9 years...	22	23	9	5	—	—	—	—	62	57	—	—	25	20	—	—
10-14 years ...	1	5	—	—	—	—	—	—	2	5	—	—	9	3	—	—
15-24 years ...	—	—	—	1	—	—	—	—	1	1	—	—	6	2	—	—
25 years and over	—	1	—	—	—	—	—	—	1	2	—	—	11	19	—	—
Age unknown ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages)	31	39	19	35	—	—	—	—	91	91	—	—	71	57	—	—

	Acute pneumonia		Smallpox		Acute Encephalitis				Enteric or typhoid fever		Paratyphoid fevers	
					Infective		Post-infectious					
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 years ...	1	1	—	—	—	—	—	—	—	—	—	—
5-14 years ...	1	3	—	—	—	—	—	—	1	—	—	—
15-44 years ...	4	2	—	—	—	—	—	—	—	—	—	—
45 to 64 years ...	7	2	—	—	—	—	—	—	—	—	—	—
65 years and over ...	2	7	—	—	—	—	—	—	—	—	—	—
Age unknown...	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages) ...	15	15	—	—	—	—	—	—	1	—	—	—

	Erysipelas		Food poisoning		Puerperal Pyrexia		Ophthalmia neonatorum		Jaundice		Malaria	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 years ...	—	—	1	—	—	—	—	—	—	—	—	—
5-14 years ...	—	—	—	—	—	—	—	—	—	—	—	—
15-44 years ...	—	—	—	—	—	124	—	—	1	—	—	—
45-64 years ...	1	—	—	—	—	—	—	—	—	1	—	—
65 years and over ...	—	1	—	—	—	—	—	—	—	—	—	—
Age unknown...	—	—	—	—	—	—	—	—	—	—	—	—
Total (all ages) ...	1	1	1	—	—	124	—	—	1	1	—	—

(B) INDIVIDUAL DISEASES

Scarlet Fever

70 cases occurred during the year and nearly all were of a mild type. The case rate was 1.14.

Whooping Cough

Notification was received in respect of 54 cases, the case rate being 0.88.

Measles

This disease increased in number towards the end of the year and notification was still being received at a high rate at the end of the year. 182 cases occurred, the case rate being 2.97.

Dysentery

This complaint seemed to be widely prevalent in the spring and early summer, 128 cases occurring. As soon as cases became known, advice and help was proffered in matters of hygiene, and distribution of a suitable antiseptic was made.

Many pathological samples were taken as a result of the outbreak.

Puerperal Pyrexia

The cases notified relate to notifications received from a maternity ward of a local hospital and were not of serious consequence.

Typhoid Fever

One case of typhoid occurred in an Italian boy of 10 years of age. The boy had returned with his family from holiday in Italy a week earlier and it is certain that he contracted the disease abroad. Immediate precautions were taken and no further cases occurred.

Food Poisoning

(a) Food poisoning notifications (corrected) as returned to Registrar-General : —

1st Quarter	...	...	...	...	—
2nd Quarter	...	...	...	...	—
3rd Quarter	...	...	...	...	—
4th Quarter	...	...	...	...	1
Total					1

(b) Cases otherwise ascertained : —

1st Quarter	...	...	...	...	—
2nd Quarter	...	...	...	...	—
3rd Quarter	...	...	...	...	—
4th Quarter	...	...	...	...	—
Total					—

(c) Fatal cases : —

1st Quarter	...	...	...	...	—
2nd Quarter	...	...	...	...	—
3rd Quarter	...	...	...	...	—
4th Quarter	...	...	...	...	—
Total					—

PARTICULARS OF OUTBREAKS

Salmonella Infections—Not Food-borne

Salmonella (Type)	No. of Outbreaks		No. of Cases (Outbreaks)	Single Cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
S. Typhimurium ...	—	—	—	1	1
Total ...	—	—	—	1	1

Other Diseases

The only other diseases notified were small in number and require no comment and very little helpful information was obtained in those cases that were investigated.

2. Tuberculosis

The following table shows the number of new cases and the number of deaths in their age groups.

AGE DISTRIBUTION OF CASES AND DEATHS

Age Periods				New Cases				Deaths			
				Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
				M	F	M	F	M	F	M	F
0	...	...	...	—	—	—	—	—	—	—	—
1	...	...	...	1	2	—	—	—	—	—	—
5	...	...	...	1	1	—	—	—	—	—	—
10	...	...	...	—	1	1	—	—	—	—	—
15	...	...	...	2	1	—	—	—	—	—	—
20	...	...	...	1	1	—	—	—	—	—	—
25	...	...	...	4	2	1	—	—	—	—	—
35	...	...	...	8	1	2	—	—	—	1	—
45	...	...	...	4	2	—	—	—	—	—	—
55	...	...	...	5	—	—	—	—	—	—	—
65 and upwards	...	...	...	1	—	—	—	2	—	—	—
Totals	...	...	...	27	71	4	—	2	—	1	—

TUBERCULOSIS—CASES NOTIFIED DURING LAST 5 YEARS

Year	Respiratory		Non-Respiratory		Total
	M	F	M	F	
1956	23	12	4	—	39
1957	24	22	2	5	53
1958	19	20	3	3	45
1959	39	12	2	5	58
1960	27	11	4	—	42

TUBERCULOSIS DEATH RATES

Year	All forms			Respiratory			Non-respiratory		
	No. in Bedford	Rate per 1,000		No. in Bedford	Rate per 1,000		No. in Bedford	Rate per 1,000	
		Bedford	England and Wales		Bedford	England and Wales		Bedford	England and Wales
1956	8	0.14	0.12	8	0.14	0.11	0	—	0.01
1957	2	0.03	0.16	1	0.02	0.09	1	0.02	0.01
1958	3	0.05	0.10	2	0.03	0.09	1	0.01	0.01
1959	1	0.02	0.09	1	0.02	0.08	—	—	0.01
1960	3	0.05	0.07	2	0.03	0.07	1	0.02	0.01
Average	3	0.06	0.11	3	0.05	0.09	1	0.01	0.01

3. Verminous Infestation

The following table shows the work carried out during the year.

VERMINOUS HEADS EXAMINED AND TREATED AT THE CLEANSING STATION

	Bedford	County
Pre-School Children	1	—
School Children	3	—
Adults	2	—

3 cases of scabies were also treated. These were children of one family.

As from 1st April the charges for treatment of persons living outside Bedford and school children were increased to cover increased costs of this service. The revised charges are as follows.

Adults other than Bedford persons	...	30/-	per treatment.
School children other than Bedford children	... ..	17/6	per treatment.

3. Steam Disinfection

The steam disinfector situated at the Newnham station became worn out and it was necessary to provide a new machine. The new machine, a Washington-Lyon model, was installed in the summer. This machine is semi-automatic and disinfection can be undertaken with steam, with formalin, if required. It is a greatly improved machine over the old model.

In view of the installation of the machine, the disinfection charges have been revised and are now as follows.

	In Borough.	Outside Borough.
Goods up to the amount of and up to $\frac{1}{4}$ of container full	... .. 25/-	35/-
$\frac{1}{4}$ up to $\frac{1}{2}$ container full	... .. 30/-	40/-
$\frac{1}{2}$ up to $\frac{3}{4}$ container full	... .. 35/-	45/-
$\frac{3}{4}$ up to 1 container full	... .. 40/-	50/-

If it is not possible to make up a full load from all sources when the disinfector is used, it will be necessary to charge up to the amount of a whole container full for fractions of a container full.

Charges for collection and delivery to be based on the hourly rate (i.e. 10/-) as given above with an addition to 5% for journeys outside Bedford.

VII. NATIONAL ASSISTANCE ACT, 1948—SECTION 47

1. Persons in need of care and attention

This Section provides for the necessary care and attention of persons who—

- (a) are suffering from grave chronic disease or, being aged and infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

It was not necessary to take any action under this heading.

2. Care of the Aged

Care of the aged continues to be a growing problem and many visits have been paid to elderly persons by both Health Visitors and Public Health Inspectors to ensure that such people are receiving proper care and attention. In a number of cases, the services of the Home Help were called in and where necessary other social workers' help was obtained, e.g. the Welfare Officer and National Assistance Board.

VIII. MISCELLANEOUS

(A) MORTUARY

The following table shows the work done in connection with the Mortuary. The total number of bodies received showed an increase on that of the previous year by 10.

BODIES RECEIVED

	Bodies received from Borough	Bodies received from other areas	Total
Post Mortems carried out	80	87	167
Post Mortems not carried out 	2	5	7
Total 	82	92	174

(B) DOMESTIC BATHS, COMMERCIAL ROAD

The following table shows the attendances made during the year as compared with 1959 : —

Men 	994	1,267
Women 	547	656
Total 	1,541	1,923

It will be observed that there was a decrease of 382 attendances in the above figures. On the 1st April, the price per bath was increased from 1/- to 2/- per person (pensioners 1/-) and this increase no doubt caused the reduction in the number of attendances.

(C) CREMATION

As Medical Referee to the Bedford Crematorium I have the duty of scrutinising the application and medical documents required by law.

Scrutiny of the necessary documents and investigation of difficulties is taking an increasing period of time. Cremations during 1960 numbered 712 as compared with 802 in 1959. Four post-mortems were undertaken on bodies sent in for cremation in order to obtain a definite cause of death.

In view of the restricted land available in towns for earth burial, the practice of cremation should be encouraged.

(D) EMIGRATION

Those travelling abroad require authentication of their medical documents by this Department and this enables us to get some information on numbers and destination. The information obtained is given in tabular form below.

INTERNATIONAL CERTIFICATES OF SMALLPOX VACCINATION : AUTHENTICATION OF DOCTOR'S SIGNATURE

	No. of persons who submitted documents	Destination			Reason for travelling				
		Common- wealth	Other Countries	Not known	Business	Holiday	Emigration	H.M. Forces or Merchant Navy	Not known
1959	166	97	66	3	50	60	27	26	3
1960	279	152	114	13	80	106	70	19	4

(E) ROYAL SOCIETY FOR THE PROMOTION OF HEALTH

The sessional meeting of the Royal Society for the Promotion of Health was held in Bedford on the 16th June, 1960, when papers were presented on "Fluoridation" by your Medical Officer and "Houses Let in Lodgings, a Bedford problem," by your Chief Public Health Inspector, these papers being presented at the morning session. In the afternoon the delegates to the meeting had the opportunity of visiting : —

- (a) the water works ;
- (b) the Meltis factory ; or
- (c) the new swimming pool at Newnham, the re-development area of the town, and the housing estates ;

returning for tea at the Town Hall.

The delegates were welcomed to Bedford by His Worship the Mayor, Alderman A. H. Randall, J.P., and hospitality was extended to them by the Bedford Town Council.

The meeting was one of marked success.

IX. PERSONAL HEALTH SERVICES

National Health Service Act, 1946—Section 22

Care of Mothers and Young Children

Clinics are held at the Welfare Centres at Barford Avenue and Brereton Road twice weekly and at Goldington, Harewood Road, Putnoe and Queen's Park once weekly. Health visitors advise mothers on problems relating to the mothers and infants and medical examinations are carried out by the doctor attending the clinic.

A new clinic has been built in Queen's Drive, Putnoe, and will be in operation this year.

The Phenistix test is now used in the Borough for detecting phenylketonuria, a rare condition which, if undiagnosed and untreated, soon inflicts irreversible brain damage, causing the child to be very severely mentally subnormal. None has been detected so far.

Attendance figures for 1959 were 14,272 (Elstow 2,054) and 16,015 in 1960. A very high percentage of mothers attend the centres during the first year when feeding difficulties may arise and the infant needs protection against whooping cough, diphtheria and poliomyelitis.

Contraceptive Clinic

Dr. Anne Harries is Medical Officer to this clinic which sees patients referred by registered medical practitioners.

The clinic times are fortnightly on Wednesdays, from 9.30 a.m. to 11.30 a.m. at the Barford Avenue Centre.

Dental Clinic

Expectant and nursing mothers and children under five years of age can attend the Dental Clinic at Bromham Road.

Premature Infants

A premature infant is one defined as one weighing $5\frac{1}{2}$ lbs. or less at birth. Whilst babies of almost this weight usually make normal progress, prematurity, particularly with very small birth weight, carries a much increased risk of mortality in the early weeks.

Place of Birth

As adjusted by inward and outward transfers : —

Born in Maternity Institutions under control of North-West

Regional Hospital Board	67
Born at home	19

Total	86
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Day Nursery

St. John's Day Nursery is open from 8.30 a.m. to 5.30 p.m. (Monday to Friday). It accommodates 40 children (0-18 months—ten children, 18 months-3 years—fifteen children, 3-5 years—fifteen children).

The grounds for admission were considered by the Committee and are : —

- The mother is obliged to work.
- There is no mother available to care for the family, and the father is working for and caring for the children as best he can.
- The home environment is bad and the child is suffering thereby.
- Handicapped children, on medical grounds.
- Other reasons. Amongst these is that of low family income and heavy expenses.

Children from outside the Borough are admitted on the recommendation of the County Health Department.

The charge for admission is calculated on remaining income after deductions are made for normal household expenses.

Attendance : —

No. of children on Register at 1st January, 1960	39
No. added to Register	64
No. removed from Register	64
No. remaining on Register at 31st December, 1960	39
No. of sessions	254
Attendances—	
0-2 years	2,009
2-5 years	5,683
	<hr/>
Total attendances	7,692
	<hr/>
Average daily attendances { 0-2 years 8 }	30
(Monday to Friday) { 2-5 years 22 }	

The following table shows the reasons for admissions to the Nursery during 1960 : —

	Families	Children
Illness of Parents	9	12
Debilitated Children	6	6
Confinement	2	3
Illegitimacy	8	8
Children of Widows/Widowers	6	7
Parents separated	19	23
Father in H.M. Forces	—	—
Adverse housing conditions, poor financial circumstances, etc.	27	38
	<hr/>	<hr/>
Total	79	97
	<hr/>	<hr/>

Section 23

Midwifery

There are six midwives in the Borough. 411 confinements were carried out in the home, the remainder in hospital. Most general practitioners undertake midwifery. Arrangements are made for ante-natal care. If, during the conduct of these cases by a midwife, any complication or emergency arises then the midwife calls in the family doctor, who can, if necessary, refer the case to hospital or get the service of the obstetric flying squad in the home (they can undertake the giving of emergency treatment such as blood transfusion).

Ante-natal care includes not only advice on diet, but weighing, urine testing, checking on blood pressure, blood groups and anaemia. Arrangements can also be made for chest X-ray, or referral for specialist opinion should the mother's general health not be normal (e.g. valvular heart disease may become a serious problem during later pregnancy and labour).

No. of cases in year where no doctor has been booked ...	1
No. of still births	3

SUMMARY OF WORK OF DOMICILIARY MIDWIVES DURING 1960

	Midwife only present at time of delivery of child	Doctor and Midwife present at time of delivery of child	All
Number of deliveries attended	374	37	*411
Administration of Analgesia:			
Gas and Air only	197	15	202
Pethidine only	2	—	2
Pethidine and Trilene	—	—	—
Gas and Air and Pethidine	127	15	142
General anaesthetic	—	—	—
Trilene only	—	1	1
No analgesia	54	—	54

* Includes multiple and still births.

Section 24

Health Visitors

Health visitors are state registered nurses who have undergone additional training and hold the health visitor's certificate. Health visitors are concerned with the health of the family, both young and old. They are an important link between medical and social services and carry out the home visits so necessary to see what are the nature and degree of the problems which may be quite different from what would appear from a simple letter requesting help.

As with all nurses there are difficulties in recruitment and to ease the pressure on health visitors increasing use is made of state registered nurses for clinic work, poliomyelitis vaccination and diphtheria immunisation.

Health visitors call at the home when the midwife ceases to attend and thereafter as often as is required, the bulk of the visiting being required in the first year to eighteen months.

It is one of their most important duties to report any social problems that they see, or become aware of, to the Medical Officer of Health.

Section 25

Home Nursing

There are 10 district nurses, 8 female and 2 male.

During the year 1,108 patients were attended by home nurses. A considerable percentage of these (62%) were over the age of 65 years. More community care means that it is likely that the number of cases to be visited will rise. Chronic medical cases account for 965 cases.

Section 26

Vaccination and Immunisation

(a) Smallpox

828 persons were vaccinated during the year. Primary vaccination 621 and re-vaccination 207.

Vaccination should be carried out within the first two years of life and re-vaccination in later years, particularly before going abroad. Primary vaccination in infancy is usually trouble free, whereas some discomfort may well occur following primary vaccination as an adult.

Smallpox usually affects the face and the pock marks are a permanent disfigurement. Furthermore, despite general advances in medicine it still carries a heavy mortality in the unvaccinated. Parents are, therefore, urged to get their infants vaccinated by their family doctors.

(b) Poliomyelitis

Vaccination of children is at a satisfactory level, but that for adults is not. It is available for all adults under forty years of age.

During the year 1,937 children and 1,387 adults received a third injection. 4,297 persons received a second injection, which does give a high degree of protection, though not so good as the complete course of three injections. Four injections are now recommended for children under twelve years of age, the fourth injection to be given not less than a year after the third.

The sequence is, first injection, second not less than a month later and a third injection not less than seven months later.

Immunisation

Immunisation against whooping cough, diphtheria and tetanus is now recommended.

	Year of Birth								Totals
	1960	1959	1958	1957	1956	1955 -51	1950 -46	1945 -under	
<i>Primary Courses</i>									
Diphtheria Immunisation	11	13	18	16	32	202	53	1	346
Combined Diphtheria and Whooping Cough ...	638	154	81	27	33	48	12	2	995
Whooping Cough ...	1	1	—	—	—	—	—	—	2
<i>Reinforcing</i>									
Diphtheria Immunisation	—	—	2	4	75	521	345	17	964
Combined Diphtheria and Whooping Cough ...	—	1	—	—	—	1	2	—	4
Whooping Cough ...	—	1	1	—	—	—	—	—	2
<i>Totals</i>									
Diphtheria Imm. Primary	649	167	99	43	65	250	65	3	1341
„ Reinforcing	—	1	2	4	75	522	347	17	968
Whooping Cough Primary	639	155	81	27	33	48	12	2	997
„ Reinforcing	—	2	1	—	—	1	2	—	6

The following table shows how the work was carried out : —

	At Clinics, Schools or Nurseries by M.O.		Immunised by General Practitioners	
	First Courses	Reinforcing Courses	First Courses	Reinforcing Courses
Diphtheria	274	715	72	249
Whooping Cough ...	1	—	1	2
Comb. Diph./Wh. Cough	325	—	670	4

DIPHTHERIA IMMUNISATION

Age on 31/12/60 (i.e. born in year)	Under 1 1960	1—4 1956—59	5—9 1951—55	10—14 1946—50	Total under 15
No. of children whose last course (primary or booster) was completed in the period 1956-60 ...	258	2,651	3,038	2,220	8,167
No. of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	901	2,680	3,581

Immunisation is performed at child welfare clinics and at special sessions at school clinics and by private practitioners.

Protection against Tetanus

In cases where a doctor suspects, by reason of the nature of the wound or injury and the circumstances under which it occurred, that there is a risk of tetanus an anti-tetanic serum is given by injection. This procedure is, however, not without risk. The antitoxin is derived from horse serum which, though highly refined, still causes a reaction in about 5% of persons injected. Such a reaction is on occasions severe, especially in patients already sensitised. This is more likely to occur in persons with a family history of allergic manifestations or where there has been previous allergic reactions to other drugs. Furthermore, the immunity offered by the antitoxin is short lived—about two weeks after a prophylactic dose. Some patients who have been sensitised to antitoxin eliminate it in one or two days. The duration of the passive protection is therefore diminished to an undesirable and dangerous extent.

Tetanus does, in point of fact, now kill more people than diphtheria and sometimes the wound is so trivial as to be undetectable, being merely a prick from a thorn, splinter or sharp particle.

Under the circumstances, therefore, the availability of a form of immunisation which combines diphtheria, whooping cough and tetanus is a step forward. It is hoped that parents will take advantage of this.

With regard to adults, I feel that any adult who has had an injury requiring anti-tetanic serum should be immunised against tetanus. This applies with even greater force where the adult has had some reaction to the antitoxin.

The course of immunisation for adolescents and adults is by giving two doses separated by six to twelve weeks, followed by a third injection some six to twelve months later.

Immunisation of adults against tetanus in the Army was, of course, a great success.

Section 29

Home Help Service

Figures for the year for the Borough would need considerable clerical work, as this was a County Service until 1st September, 1960.

Nurseries and Child Minders Registration Act, 1948

Registered Child Minders within the Borough are : —

Name	Address	No. of Children	Age Range
Mrs. N. Hawkes ...	27 Bushmead Ave.	15 (in addition to own 3)	3-5 yrs.
Mrs. M. E. Shaw ...	17 Grove Place ...	10 (in addition to own 2)	None under 2 yrs.
Mrs. D. J. Whetter	2 St. Augustine's Rd.	12 (with 1 baby in residence)	None of 11 under 2 yrs.

X. CONCLUSION

Is life tolerable within an urban civilised community ?

Increasingly less so apparently, for whereas in 1951 90,000 lbs. of barbiturates were prescribed, yearly increases have brought it up to 162,000 lbs., representing an astronomical number of tablets.

Young people certainly have far more money and in some respects increases in drunkenness and venereal disease may be a partial result of this. (There has been an increase of 50% in offences of drunkenness in young people under 18 in the four years up to 1960).

An influx of coloured persons without their women folk is a factor encouraging venereal disease.

Certainly the present policy whereby immigrants come into the country, afflicted by diseases rampant in their own underdeveloped countries and more prone to pick up and disseminate venereal disease and tuberculosis, without medical check either before embarkation or on arrival in this country can only lead to a growing dislike and resentment of such people in this country and provides ammunition for those who preach intolerance of racial groups.

I suggest that it would be in the best interests of the immigrants if they could be encouraged to undertake (voluntarily) a medical examination and chest X-ray on arrival in this country. The authorities in their home countries could recommend this course, which could again be drawn to their attention when they contact the National Assistance Board and Ministry of Labour.

What of the future ?

Prevention should be the keynote. Ascertain which groups of persons are especially susceptible or exposed and try to protect them and make arrangements for the earliest possible diagnosis.

Tuberculosis provides an example where the detection of susceptibles and their protection with B.C.G., segregation of the infective, examination of contacts, follow up of tuberculin positives and mass X-ray of the apparently healthy, giving early diagnosis with effective treatment, sets a pattern whose considerable success should be emulated in other fields. The evidence now available from research suggests that those with arterial disease and the coronary prone, the pre-delinquent, the pre-diabetic and the family set up where preventive psychiatry can make a useful contribution should be explored. This is a field which offers magnificent opportunities to a combined attack by universities, teaching hospitals and specialised departments working in conjunction with health departments.

It is to be hoped that the present drive for economy will fall not on developments for the mental and physical well being of our people and on the personnel required to carry them out, as these are already very difficult to recruit, but on those other developments which have been described as desirable but not essential.

Precious little is being done to tackle these problems on the large scale, long term basis which is essential. The cost of ill health is a major burden on the community ; the possibilities for prevention have been provided by research workers. It is up to us to put this knowledge and the assumptions arising therefrom to the practical test. The innumerable difficulties can be relied upon to argue for themselves and need no spokesman.

REPORT
OF THE
Chief Public Health Inspector
For the Year 1960

Telephone Nos.:
Bedford 68777 and 2261.

PUBLIC HEALTH DEPARTMENT,
4 GOLDINGTON ROAD,
BEDFORD.

September, 1961.

TO HIS WORSHIP THE MAYOR,
ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF BEDFORD.

LADIES AND GENTLEMEN,

I have the honour and privilege to present my Annual Report for the year 1960, on the work of the Public Health Inspectors, and it is pleasing to report there have been no changes in staff with the consequent disruption of the work.

The Housing Slum Clearance Programme has proceeded satisfactorily and the first five year programme has been completed and the supplementary list and second five year programme are well under way. Such rapid progress would not have been possible with existing staff but for the Council's policy of purchasing unfit and substandard property which can be represented as unfit to the appropriate Ministry when rehousing is possible. Now that the redevelopment areas of the Borough are more clearly defined it will be possible to commence the systematic house to house inspections and reconditioning of the older houses.

Houses let in lodgings still account for a considerable percentage of the Inspectors' time, out of proportion to the number of houses concerned. It is pleasing to report, however, that the standard of these houses is improving. There are, of course, still a number of very low standard houses but these are frequently visited and the necessary action taken to eliminate overcrowding and nuisances discovered. The Italian houses are on the whole of a good standard and many are excellent. Many of the houses do not contain the maximum number of persons permitted under the Council's standard for such houses. Complaints of noise are still received but again many of the Italians are conscious of the noise nuisance and take all possible steps to prevent complaints of this nature. The Italians are often heard to say "You English take your pleasures so quietly!"

The Indian houses have improved and now that a branch of the Indian Workers' Association has been formed in the Borough, there is hope of better co-operation and a greater understanding of the standards required in such houses.

The Pakistani houses have not shown much improvement. A Pakistani Association has been formed but does not appear to be active in the Borough. The poor standard of these houses appears to be due to ignorance of the standards required. The classes for teaching the Pakistanis English organised by the Department which started so promisingly, ceased because of lack of interest.

The West Indian houses are, where married couples reside, of a much better standard and there is continual improvement in such cases. Where, however, there are no wives in the houses, the standards are often deplorable. Fortunately the latter are a very small percentage of the whole of the West Indian houses.

A further problem has developed in respect of these Commonwealth members in that parties are held at different houses at week-ends. Many West Indians gather in the houses and complaints are received from neighbours of the disturbance caused by these people. This is a problem over which the Department can exercise little control and unless a specific request is made to the Police they also are unable to take any action. It is interesting to note that many West Indians travel considerable distances to attend these parties and a solution will have to be found to this problem otherwise numerous complaints will be received of the noise and disturbance caused on these occasions.

One source of continued annoyance to many Bedford residents has now been removed in that it is not possible for the Commonwealth members and aliens to transport live poultry purchased at the market through the streets. In co-operation with the Inspector of the Society for the Prevention of Cruelty to Animals and the owners of the market, aliens and Commonwealth members purchasing poultry there must have them slaughtered before leaving.

In order to comply with the ritual slaughter of poultry of the Hindus and Mohammedans, a room on the premises has been converted so that the birds can be slaughtered and handed to the owner and thus prevent any form of cruelty in the transportation of live birds. This rule applies to the West Indians and Italians, and contrary to general belief it has not interfered with the sale of poultry at the market.

The distressing scenes witnessed by many Bedfordians in the slaughtering of these birds at houses let in lodgings have thus been removed. The Public Health Committee have authorised the provision of a suitable building for the ritual slaughter of poultry at the market.

The Clean Air Act has been responsible for a great deal of arduous work, particularly the survey of houses in the proposed smoke control area to the north east of the Borough. The majority of the householders are in agreement with the proposal and only wonder whether difficulty might be experienced in obtaining supplies of smokeless fuels. Towards the end of the last heating season difficulty was experienced in delivery of smokeless fuels but supplies, with the exception of one particular premium fuel, were quite adequate.

The vast difference of smoke recorded during the summer and winter months, as depicted in the graph later, adds evidence to the belief that up to 80% of the smoke at low level is due to domestic pollution.

Good co-operation has been maintained with Industrialists installing new furnaces, and steps are being taken to improve existing installations. In only one instance was it necessary to institute legal proceedings for the emission of black smoke.

There is no doubt that with the institution of smoke control areas and the improvement and modernisation of industrial appliances a very

considerable reduction of smoke at low level can be achieved with beneficial results to all concerned.

The implementation of the Slaughterhouses Act, 1958, and subsequent Regulations will result in only one new slaughterhouse being in operation in the Borough. This arrangement will facilitate meat inspection and result in better working conditions for the Inspectors concerned. The new slaughterhouse in the adjoining Urban District will be completed shortly and the Borough Council have agreed to the meat inspection at these premises being carried out by the Borough Inspectors. This is a very sound policy as up to half the meat produced will be sold from shops in this area and 100% inspection can be maintained.

The proof of the Government's policy of tuberculosis eradication is clearly shown in the incidence of tuberculosis discovered in cattle slaughtered. In 1951—8.33% of cattle excluding cows and 22.35% of cows slaughtered were found to be affected with tuberculosis whereas in 1960 the corresponding figures were 0.19% (cattle) and 1.45% (cows).

The standard of hygiene in food premises has continued to improve and there has been a remarkable increase in the use of refrigeration both in shops and food preparation factories. The modern open refrigerated display counters not only look clean and cool but are maintained at a temperature sufficiently low to prevent bacterial growth. This form of display is a real step forward and is to be encouraged in all its forms. With the advent of the supermarkets, window displays of foodstuffs are becoming less important and island counters enable self-service from all sides.

The Food Hygiene Courses organised by the Committee in conjunction with the local Education Committee has been further implemented by the holding of these Courses at the place of employment during working hours. By this means it is possible to reach all the staff including married workers who find it very difficult to attend evening lectures. I look forward to the day when it will be necessary for every food handler to attend a course in elementary food hygiene before being employed in the food industry.

During 1959 7,846 outbreaks of food poisoning occurred in this country. The exact number of persons involved is not known but as 43% of these outbreaks occurred as a result of food eaten at Canteens, 14% at Restaurants, Cafes, etc., and 21% at Hospitals it can well be imagined that the total number would exceed 100,000. Two outbreaks alone affected 500 people. During the year 27 fatal cases were notified.

There is no room for complacency where food hygiene is concerned when the above-mentioned figures are examined.

The Public Health Committee have approved a badge which can be purchased by students who have passed the Food Hygiene Examination. The badge bears the Borough Coat of Arms and appropriate wording and is in great demand by successful students. Many of the employers have purchased badges for their own staff who are eligible to wear them.

The distribution of ice cream has not improved during the past year. The reintroduction of the sale of loose ice cream is a retrograde step.

The wrapped ice cream block manufactured under hygienic conditions and maintained at a very low temperature until sold was perfectly safe but the present method of cutting large blocks on vehicles could give rise to serious trouble if sterilisation of knives and servers is not maintained throughout. The actual manufacture of the ice cream from a cold mix on the vehicle is also open to criticism as, unless efficient sterilisation of the actual freezer is efficiently performed a whole batch of ice cream could be contaminated.

For many years the control exercisable by local authorities over caravans has been insufficient to give satisfaction. Fortunately very few permanent caravan sites have been located within the Borough but with the passing of the Caravan Sites and Control of Development Act, 1960, the powers of local authorities will be greatly strengthened and adequate standards can be enforced.

I wish to record my sincere thanks to the members of the Council, particularly to the members of the Public Health Committee, for their appreciation and co-operation in the work which has been undertaken ; to the Medical Officer of Health and all the other Chief Officers and their staffs for their willing help and advice ; and to my Deputy, the Public Health Inspectors, the clerical and outdoor staff for their conscientious and loyal support throughout the year.

I am,

Your obedient servant,

E. AVISON,

Chief Public Health Inspector.

Annual Report of the Chief Public Health Inspector

I. HOUSING ACT, 1957

(A) UNFIT HOUSES

The year 1960 completed the five years' slum clearance programme. The original scheme in 1955 contained 305 houses which the Council proposed to demolish or close during the next five years. It was soon realised that this figure would be exceeded and the programme was extended by 217 houses in 1957 and by a further 115 houses in 1959, giving a total of 637.

When the extension was made in 1959 it was realised that demolition of all these properties would not be completed by the end of 1960. During 1960 the Minister of Housing and Local Government requested Local Authorities to review their slum clearance programmes and decide whether the existing slum clearance proposals should be extended and to state how many years such demolitions would take. As a result of further inspections, the programme has been again extended, this time by 283 houses, and it is hoped that all properties included in the programme (920 houses) will have been dealt with by the end of 1965. In addition 34 houses not included in the programme have been dealt with since 1955.

By the end of 1960, 480 houses had been demolished and 28 properties (or parts of properties) had been closed. A total of 508 premises compared with the original proposal of 305.

During the year under review 131 houses were inspected and considered to be unfit for human habitation and these were formally represented by the Medical Officer of Health. 100 of these properties were owned by the Council and 31 were in private ownership. With regard to the latter, it was proposed that a clearance area should be declared in respect of two houses in Britannia Place, that demolition orders should be made in respect of 19 properties and that closing orders be placed on the remaining 10 premises.

The owner of a house in Ashburnham Road where it was proposed that the basement should be closed, appeared before the Public Health Committee and objected to this proposal. His Surveyor submitted a list of works which the owner was prepared to carry out and as it was considered that this would render the rooms satisfactory for human habitation, the undertaking was accepted.

It will be realised that after properties have been represented as unfit for human habitation, a varying length of time must elapse during which the owner of private property has the right of submitting proposals to the Council to render the premises fit for habitation and in the event of a demolition or closing order being made of appealing to the County Court.

When a demolition or closing order finally becomes operative, the Housing Committee still have to arrange for suitable rehousing of the displaced tenants. Consequently, properties represented as unfit are not always demolished in the same year.

The number of houses demolished during 1960 was 130, of which 113 were owned by the Town Council. Most of the Council's property was situated in the Central Redevelopment Area, where a great transformation is taking place. I expect that all unfit properties in this area will have been demolished by the end of 1961.

During 1960, the Minister of Housing and Local Government held Inquiries in respect of :

Duck Mill Lane No. 1 Clearance Area (10 houses).

Greyfriars Walk No. 1 Clearance Area (6 houses).

Muswell Road No. 1 Clearance Area (4 houses).

Later in the year confirmation was received in respect of the Greyfriar's Walk and Muswell Road properties, while that for Duck Mill Lane was not received until early in 1961.

117 families consisting of 386 persons were displaced from unfit dwellings during the year, the majority of these families being rehoused by the Housing Committee.

(B) OVERCROWDING

One case of overcrowding was discovered during the year. This does not include overcrowding which was found to exist in houses let in lodgings.

It was necessary to serve a Statutory Notice upon the occupier of the house to abate the overcrowding, which had occurred through sub-letting to a family consisting of man, wife and three children.

Notice to quit was given to the sub-tenants and they were subsequently re-housed by the Housing Department.

(C) HOUSES LET IN LODGINGS

At the end of 1960, 578 houses were known to be occupied as houses let in lodgings and were occupied by 3,826 adults and 1,448 children.

The various types of nationalities occupying these dwellings are given at the end of this report.

During the year 840 inspections were made to ensure that the premises were being maintained in a satisfactory condition but it was necessary to serve notices requiring the abatement of overcrowding or the provision of additional facilities. With regard to the latter it is usual for the number of occupants in the house to be reduced and consequently the additional facilities are no longer required. If the occupants are again increased then another notice has to be served requiring the same additional facilities, and the owner once more reduces the number of tenants. Legal proceedings were instituted in respect of overcrowding at a house let in lodgings, the case was proved and a fine of £10 imposed.

During June, I addressed a Sessional Meeting of the Royal Society of Health, the subject of my paper being "Houses Let in Lodgings—The Bedford Problem". As a result of this meeting, Mr. F. Harrison of the Royal Society of Health offered to assist in the organising of a course of English lessons for Indian and Pakistani Nationals. A class was commenced at Eastwoods' Brickworks and was held during the dinner hour of the employees. This class continued for several weeks and some progress was made, but in view of the shiftwork, people attending classes were frequently changing and it was then decided to hold a weekly class at the Public Health Office on Sunday afternoon and although the attendance was quite good for some weeks eventually the numbers dwindled and the class could no longer be held. I feel this was a great pity as some members of the group were making very good progress.

Liaison with the High Commissioner of India and Pakistan has been maintained and during the year local associations for these Nationals were formed.

Italian Nationals are required to obtain a certificate of availability of accommodation before families can come to live in Bedford. When a certificate is received the premises are thoroughly inspected in order to ensure that sufficient accommodation is available.

119 applications for certificates were received and dealt with as follows :

Approved	...	...	...	...	98
Refused	...	...	...	...	21

I must again acknowledge the assistance which has been readily given by Mr. E. Capobiaco, the Italian Vice-Consul and his staff who have frequently assisted in various investigations which have been made.

(D) IMPROVEMENT GRANTS

During inspection of houses, the Public Health Inspectors bring to the notice of owners the possibility of obtaining an Improvement Grant to provide a house with modern amenities.

Owner occupiers are quite interested in the scheme but it is very rare to find a landlord of a tenanted house showing enthusiasm.

During the year 98 Improvement Grants were made by the Council on the recommendation of the Borough Engineer who is responsible for the administration of this scheme.

(E) PURCHASE OF PROPERTY

89 properties in redevelopment areas have been purchased on behalf of the Council.

II. RENT ACT, 1957

The number of applications for certificates of disrepair has again decreased. I feel this is due to two reasons, the first being that when a house becomes vacant the property is freed from rent control and consequently if the property is again let the certificate of disrepair procedure does not apply in the case of a new tenancy and secondly it is my opinion

the majority of tenants feel that they were only able to apply for certificates of disrepair within a few months of the Act coming into operation.

Seven applications were made, two of which were subsequently withdrawn and two refused. The remaining three together with one from 1959 were approved ; three undertakings to carry out repairs being received from the owners, and in the fourth case a certificate of disrepair was issued.

Six other applications for certificates in accordance with the Rent Act were made and details of these are given at the end of this report.

III. PUBLIC HEALTH ACT, 1936

(A) DRAINAGE AND SEWERAGE

230 drains were tested on complaint or as a result of rat infestation and where necessary repairs to or reconstruction of the drains were carried out. At 262 premises the drains were cleared of blockages.

In a large number of investigations it is found that the drains are in fact sewers vested in the Borough Council. After service of notices in accordance with Section 24 of the Act, the repairs are carried out by the local authority, the cost subsequently being recharged to the owners of the houses. 71 Section 24 notices were served and at 13 of these houses it was necessary to serve notices requiring the repair of private drainage which was defective.

(B) WATER SUPPLY

There are 14 houses in the Borough which do not have an internal water supply. Eight of these (Almshouses in St. Loyes Street) are included in a redevelopment proposal and will be demolished when alternative accommodation becomes available for the occupants.

(C) CLOSET ACCOMMODATION

Separate closet accommodation is provided to each house in the Borough, with the exception of St. Loyes Street Almshouses, which are scheduled for demolition. With so many houses in multi-occupation it does mean that such accommodation is shared by more than one family.

Most properties in the Borough are connected to the public sewers, the exceptions being a few houses and small factories in situations where the sewer is not available.

It is estimated that 300 houses have W.C.s which are situated at the end of the back garden. This figure is being reduced each year as demolition of older properties proceeds, but it still includes some 45 almshouses where aged people reside. I do feel that each house should have an easily accessible toilet, in or in close proximity to the house.

(D) OTHER AMENITIES

It is estimated that 3,600 houses are without fixed baths, a reduction of 200 on the previous year due to demolitions and the provision of bathrooms in older houses.

The number of houses without secondary means of access has now been reduced to 65.

(E) PUBLIC HOUSES

Two public houses were demolished during the year, one (Twist and Cheese, Hassett Street) being in the Council's Central Redevelopment Area and the other (The Star, Harpur Street) forming the site for the extension of Marks & Spencer's Store. One new public house known as The Queen's Tavern, was opened on the Putnoe Estate. Improvements to sanitary accommodation were carried out at two houses while fairly extensive alterations at the King's Arms were in progress at the end of the year.

(F) PLACES OF PUBLIC ENTERTAINMENT

Inspections are made of the various buildings in the town which are used for entertainment and in the case of the cinemas and theatres reports are submitted annually to the licensing authorities in respect of the condition in which the sanitary accommodation has been maintained during the previous year.

(G) MOVEABLE DWELLINGS

(i) *Fairs and Circus Grounds*

Visits are made to the various shows which come to Bedford. These are usually sited on the Cardington Road meadows, and attention is paid to the general standard of hygiene both in connection with the living accommodation provided and the sanitary conveniences used by van dwellers. These were found to be reasonably maintained.

(ii) *Licensed Caravans*

Licences were granted to occupiers of caravans on the following sites : —

					No. of Caravans
Manton Lane (Building Site)	...	...	...	...	3
Brickhill (Building Site)	...	...	...	...	1
Bury Walk	...	...	...	...	1
Brookfield Road (Building Site)	...	...	...	...	1
1 Goldington Green	...	...	...	...	1
Bedford General Hospital—North Wing	...	...	...	...	1

During 1960 the Caravan Sites and Control of Development Act, 1960, came into operation. This Act permits a site licence to be issued only if the planning authority has agreed that the site is suitable and have given planning permission. Once planning permission has been granted a local authority cannot refuse to issue a licence but conditions, based on the model standards issued by the Minister of Housing and Local Government, may be imposed.

Caravans being used by persons employed in building operations being carried out with planning permission on the same or adjoining land are exempted from the requirement to obtain a site licence. Inspections are made of these caravans to ensure that adequate arrangements are made for water supply, sanitary accommodation and the disposal of waste material.

Two site licences under the new Act were issued, both in respect of existing caravans at Bury Walk and 1 Goldington Green. Each licence contained conditions to the effect that only one caravan was allowed on the site and that if the caravan was removed or vacated, no other caravan was to be placed on the site nor any other person allowed to occupy the caravan.

(H) FILTHY OR VERMINOUS PREMISES

Occasionally it is necessary to require occupants to "spring clean" their houses. Co-operation by the occupier is usually forthcoming and fortunately it is only on rare occasions that it is necessary to issue certificates under 83 and/or 84 of the Public Health Act, 1936.

In my report for 1959 I stated that in 1960 proceedings were being instituted against an occupier who had failed to comply with a notice requiring the cleansing of her house. After hearing the evidence and in view of the fact that the house had been thoroughly cleansed, the Magistrates decided to adjourn the case sine die. Conditions at the house deteriorated and the case was taken back to the Magistrate's Court in July when the person concerned was placed on probation for a period of two years.

(I) DISINFECTION AND DISINFESTATION

(i) *Disinfection*

Steam disinfection of quantities of bedding, clothing, etc., was undertaken for bedding firms and national and local authorities and undertakings, for which charges were made to cover expenses. A sum of £12 15s. 0d. was charged in this connection plus £2 0s. 0d. for collection and delivery. Disinfection is also undertaken, free of charge, for householders in cases of notifiable and other diseases.

(ii) *Disinfestation*

The work of destroying insect pests is carried out by the Department and normally no charge is made. In view of the numerous requests to destroy wasps nests, the Public Health Committee decided to make a charge of 10s. 0d. for this service. Persons in receipt of old age pension or a National Assistance allowance are not required to pay this charge. 62 wasps nests were destroyed.

(J) STATUTORY NOTICES

Statutory notices are issued only after the person concerned has failed to comply with the requirements of an informal notice. During 1961 it was necessary to serve 15 statutory notices in respect of contraventions of the Public Health Act, 1936. This figure does not include notices served under Sections 24 and 39 of the Act which require the repair or reconstruction of sewers or drains.

IV. FOOD AND DRUGS ACT, 1955

(A) FOOD PREMISES

Food premises, particularly the catering establishments, including Works and School Canteens are frequently inspected. I feel that the standard of hygiene is generally good, and that most proprietors are desirous of ensuring that such standards are maintained.

Every endeavour is made to inform architects and owners of proposed food premises where plans are submitted to the local authority, of the requirements of the Food Hygiene Regulations. It is far better for water supply (H. & C.), together with sink and wash-basins, to be arranged at the planning stage rather than wait until a shop is opened and then the local authority have to require the provision of such amenities.

Inspections are also made of the vans retailing food in the streets. During such inspections one feels that there never has been so much crowded into such a small space. Registration of such vehicles is not required by the Food Hygiene Regulations and therefore a van can be on the road for some time before the department becomes aware of a new food vehicle in the district. The Chief Inspector of Weights and Measures is very helpful in this respect and does inform me when he discovers a new food van on the road.

Catering facilities at fairgrounds and other large events are also inspected.

Legal proceedings were instituted for a contravention of the Food Hygiene Regulations (Section 9(e)) in respect of smoking whilst handling open food. The case was proved and the defendant fined £3.

(B) MARKETS

The open market, which has been modernised completely over the past years, has continued to operate satisfactorily. The artificial lighting has proved most useful on dark autumn days and brightened the stalls considerably. The standard of food handling has generally been satisfactory, but of course it is never possible to attain the same high standard expected in a totally enclosed market.

(C) ICE CREAM

The number of premises registered is as follows :—

Manufacturers	...	...	...	2
Sale of Ice Cream	...	...	...	201

These figures show a decrease of two premises where ice cream is sold, due to certain shopkeepers ceasing to sell this commodity.

Samples are submitted to the Public Health Laboratory (North Wing) and the results were as follows :—

	No. of Samples	Percentage
Grade 1—Satisfactory	41	89.2
Grade 2—Fairly Satisfactory	3	6.5
Grade 3—Unsatisfactory	2	4.3
Grade 4—Very Unsatisfactory	—	—
	46	

The Public Health Laboratory Service state that it is unwise to pay too much attention to the bacteriological results of any single sample. Judgement should be based on a series of samples. It is suggested that over a six-monthly period, 50% of a vendor's samples should fall into Grade 1, 80% into Grades 1 and 2, not more than 20% into Grade 3, and none into Grade 4.

(D) SAMPLING—MILK AND OTHER FOODS

During the year 173 samples of milk and other foods were submitted to the Public Analyst for examination.

One informal sample of milk taken from a vending machine was found to be 41% deficient in fat. Samples previously taken from vending machines had all been satisfactory, and subsequent samples from this and other machines also proved to be of good quality. It did appear to be an isolated case, and the producer, who owns the machines was notified of the unsatisfactory sample.

An informal sample of bread and butter substitute was reported upon by the Analyst as being bread and margarine, and he was of the opinion that butter substitute was an incorrect labelling. The purchase had been made from a cafe and immediately the manager amended the notice in the shop to read that "All butter sold in this cafe is a substitute containing 10% of butter". As, however, margarine was in fact being sold the Analyst was of the opinion that such an article should be described as margarine. Further discussions with the manager resulted in butter only being sold in the cafe.

A further labelling offence arose when a Christmas pudding was submitted to the Analyst. The wrapper failed to give the composition of the pudding as required by the Labelling of Food Order. When notified the manufacturer took immediate action to have the puddings suitably labelled.

Investigations have been made of various complaints in respect of food purchases. A summary of these and the action which was taken is given at the end of this report.

(E) FOOD HYGIENE COURSES

Since the commencement of these courses in 1957, 108 students have passed the examination and awarded certificates. In addition, 14 students sat the external examination of the Royal Institute of Public Health and Hygiene and 13 were awarded certificates. This is most gratifying as these courses are held in the evenings and very few students fail to attend all the lectures.

In addition, two firms have arranged for courses to be held during working hours on the premises and this has enabled all workers to attend. There is no doubt that the principals of the firms whose staffs attend do see an improvement in the standard practised by these employees and wholeheartedly support the Committee in the organisation of these courses.

V. MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949-1960

Bedford is included in a Specified Area in which all milk sold must be Tuberculin Tested, Pastuerised or Sterilised.

During 1960 the Milk (Special Designations) Regulations, 1960, came into operation and in future licences will be issued for a period of up to five years, the period ending on 31st December, 1965, and on 31st

December in any succeeding fifth year. The licences are also valid in adjoining areas and supplementary licences will no longer be issued. The number of shops selling milk continues to increase.

A number of refrigerated machines for the sale of milk have been installed in the town. At the end of the year only Tuberculin Tested milk was sold in the machines. Some difficulty was experienced and 7 (24.1%) of the 29 samples submitted for examination failed to satisfy the Methylene Blue Test. These machines are situated on the forecourt of various premises and in one case it was found that the refrigeration process was stopped for the night when the staff went home. The supplier has undertaken that the machines will be replenished daily and that each day all unsold cartons will be removed from the machines. It is difficult to gauge the demand each day.

A total of 345 samples (including 29 mentioned above) were obtained for examination by the Public Health Laboratory and 8 failed to satisfy the prescribed tests, that is, only 1 apart from the 7 taken from vending machines.

VI. SLAUGHTERHOUSES ACT, 1958

SLAUGHTER OF ANIMALS, ACT, 1958

During 1960 the Council submitted to the Minister of Agriculture, Fisheries and Food their report on slaughterhouses as required by the Slaughterhouse Act.

7 slaughterhouses were the subject of the report, and they were classified as follows :—

1. Premises which already comply	...	...	...	1
2. Premises in use which the Authority expect to comply by the recommended date	...	...	...	Nil
3. Premises in use which the Authority expect not to comply by the recommended date	...	...	...	4
4. Premises not in use but for which a licence is in force or was in force at some time during the 12 months preceding the submission of the report	...	...	...	1
5. Outstanding applications for new slaughterhouse licences	...	...	...	Nil
6. Premises in use but will cease to be used when new slaughterhouse is erected outside Borough boundary				1

It was estimated that the output from the existing slaughterhouse and 45% of the output from the slaughterhouse to be erected just outside the Borough boundary would cater for a population of over 100,000, whereas the population is likely to increase to approximately 73,000 by 1971. The 45% is the amount of meat killed in the slaughterhouse which will cease to be used when the premises outside the Borough are available and which is sold in Bedford.

The proposals contained in the report were accepted by the Minister and after the appointed day which is 1st January, 1962, only one slaughterhouse will be operating in the Borough.

At the end of 1960, 6 premises were licensed as slaughterhouses. During the year 24 licences were issued to slaughtermen.

There was an increase in the number of animals slaughtered during the year and this increase applied to all classes of animals. Tuberculosis in cattle again showed a reduction and emphasises the success of the policy for the eradication of bovine tuberculosis. *Cysticercus bovis* also showed a decrease on the figures for 1959.

VII. CLEAN AIR ACT, 1956

The Clean Air Act, 1956, which was brought in in parts is now fully operative and is proving of real value in the control of atmospheric pollution.

After repeated warnings it was necessary to institute legal proceedings against the proprietors of one laundry where excessive black smoke was emitted intermittently over quite a long period. The case was proved to the satisfaction of the Magistrates and a fine of £50 was imposed. This case appears to have had a very salutary effect on other industrialists and, with one exception, no really offensive emission of black smoke has either been observed by or reported to the Public Health Inspectors.

In this instance a mechanical breakdown of the automatic stoker necessitated the boiler being fired by hand or alternatively closing the factory and standing off the employees. The mechanical defect was remedied within a very short period of time and this installation no longer gave rise to nuisance.

The majority of the larger industrialists have converted to oil firing owing to the difficulty in obtaining suitable qualified stokers and for greater ease of control of the furnaces.

Prior approval has not been sought in respect of a modern coal firing appliance over the past twelve months, but prior approval has been sought in respect of 7 oil-fired boilers and 2 gas-fired boilers.

Excellent co-operation has been obtained from the industrialists in the Borough who genuinely support the Council in the enforcement of the above-mentioned Act.

The first smoke control area has operated satisfactorily and this area now contains approximately 900 houses.

During the past domestic heating season, numerous demonstrations have been given of the use of the cheaper approved fuels and no real difficulty in obtaining these fuels has been experienced. Owing to the mild autumn many householders failed to take adequate stocks of their particular choice in approved fuels but with one exception no difficulty in supply was experienced.

During the past year the Eastern Gas Board made their premium fuel "Cleanglow" available to the Bedford residents and this fuel proved very popular.

An arrangement has now been entered into with the Local Coal Merchants' Federation that should any complaints of lack of approved smokeless fuels be made to the department in the coming heating season,

one member of the Federation will make himself directly responsible in ensuring that a supply of smokeless fuel is available to the complainants. This will enable the responsible merchant to direct supplies of specific approved fuel to the premises in urgent need.

Many authorities have experienced antagonism from local members of the Coal Merchants' Federation, but I am happy to say that this does not apply in Bedford where the co-operation of the merchants and the Public Health Department is excellent.

The survey of the proposed smoke control area has gone ahead and up to the end of the year 700 houses have been surveyed out of a total of over 3,000 houses.

It is hoped by the end of 1961 to have submitted the detailed cost of this area to the Council for their approval.

In two instances it was necessary to refer complaints of dust emission to H.M. Alkali Inspector. One concerned dust and grit emission from the Goldington Power Station and the other concerned dust from the stockpiling of coke at the local gas works.

The electro-static precipitators at the Goldington Power Station operated at a very high standard of efficiency but occasionally owing to mechanical fault, failures are reported.

During the last heating period the Goldington Power Station operated under considerable difficulty owing to the low quality of fuel supplied and it was with extreme difficulty that this station continued to produce electricity. This is not a continuous operating station and the frequent shutting-down and starting-up does give rise to serious problems.

The Alkali Inspector has expressed himself as being very satisfied with the operation of this station despite the difficulties which are encountered.

The Eastern Gas Board at its Bedford Branch have modernised the screening of coke completely and the regrading of the stockpile has resulted in very small amounts of coke being held at this depot.

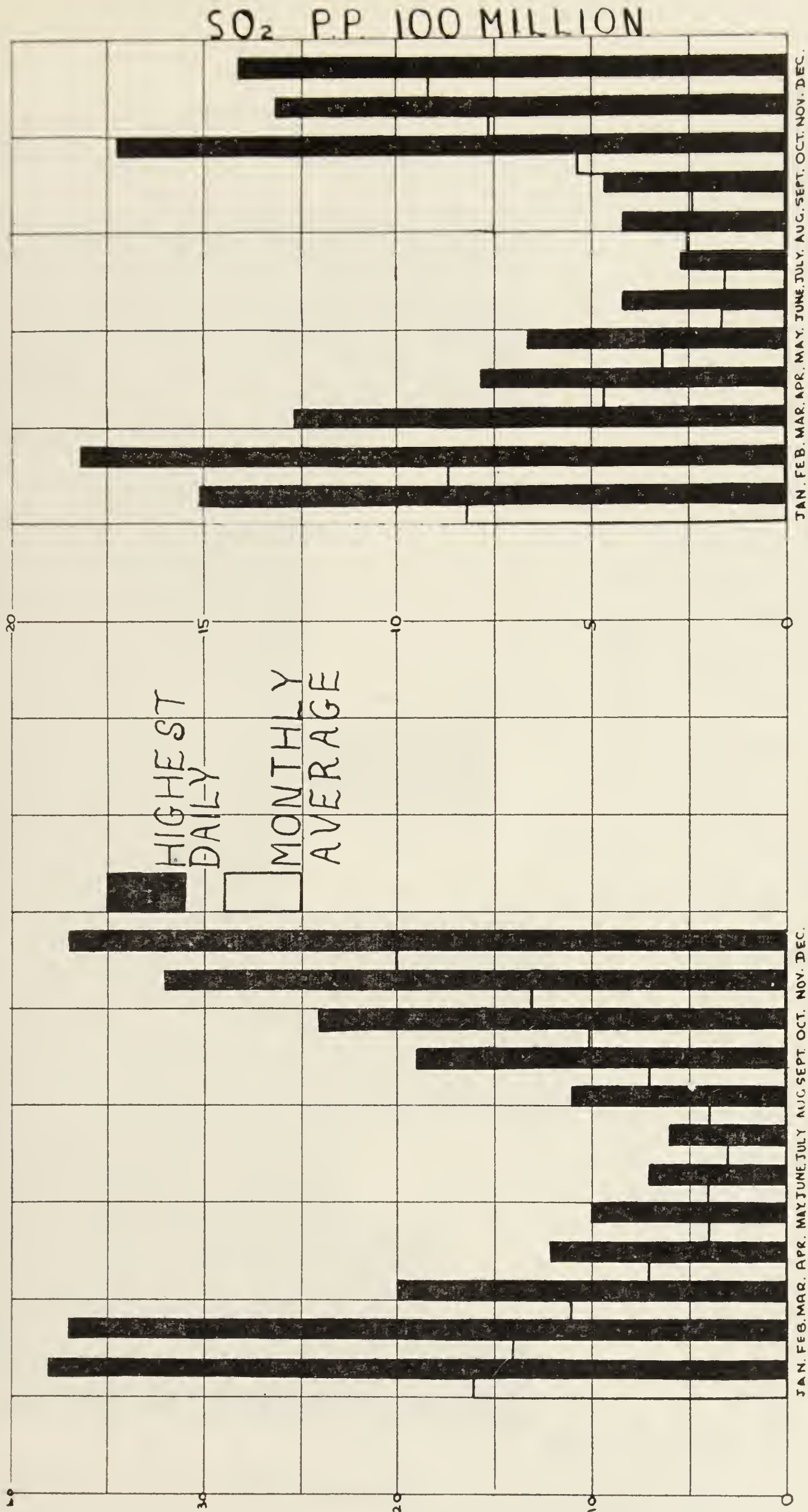
In order to prevent nuisance, sprinkling equipment was arranged which prevented the dust entering the adjoining houses, but this method of damping down does result in the coke containing a high moisture content which works to the disadvantage of the purchaser.

It has been arranged that any further storage of coke shall take place on the site as far as possible removed from the dwellinghouses.

There has been a considerable improvement in the pollution from the British Railways marshalling sheds as a result of the introduction of the diesel service. There is no cause for complacency as the shunting engines which often give rise to a great deal of pollution have not as yet been replaced by diesel traction. As the Transport Commission's policy of modernisation proceeds it is hoped that all the coal-fired engines will be replaced by diesel motors.

The Bedford Clean Air Committee met on two occasions and progress reports were given and the results of the atmospheric pollution measurement instruments were explained. Films were shown and discussions took place on all aspects of the Clean Air Act.

SMOKE AND SULPHUR DIOXIDE CONCENTRATION FOR 1960.



MONTHLY DEPOSITS 1960.
IN TONS PER SQUARE MILE.

MANDER COLLEGE.

16

TONS PER SQ. MILE.

0

9

0

RAINFALL IN INCHES.

4

3

2

1

0

JAN. FEB. MARCH APRIL MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC.

VIII. FACTORIES ACT, 1957

Most of the factories in the Borough have been inspected during the past year. The majority are factories with mechanical power and consequently only the section relating to the sanitary conveniences is administered by the Borough Council.

It was necessary to serve twenty notices which, in the main, required the cleansing of sanitary accommodation.

IX.—PREVENTION OF DAMAGE BY PESTS ACT, 1949

Each year a test baiting of the sewers is carried out and subsequently in April and September, poison baiting of the infested sewers is undertaken.

Whenever rodent infestation at premises is considered to be due to defective drainage systems then a test of the drains is applied and any defects which may be discovered are repaired.

Treatment at private houses is carried out free whilst at business premises a charge of 7s. 0d. per hour was made up to 31st March and on 1st April the charge was increased to 15s. 0d. per hour. Sixty-three contracts were made and the sum of £193 6s. 0d. was charged.

X. OTHER ACTS

1. Noise Abatement Act, 1960

The above-mentioned Act came into force on the 27th November, and deals in two ways with the control and abatement of noise.

In the first place, noise or vibration which is a nuisance, is added to the list of statutory nuisances in Part III of the Public Health Act, 1936. This enables the Council to deal with a noise nuisance by the service of an abatement notice followed, if necessary, by an application to the Magistrates' Court for a nuisance order.

There is, however, an "escape clause" for trade or business premises. It is provided that where legal proceedings are brought in respect of noise or vibration caused in the course of a trade or business, it shall be a defence to prove that the best practicable means have been used for preventing, and for counteracting the effect of, the noise or vibration.

The Act deals, secondly, with the use of loudspeakers, which include megaphones and any other device for amplifying sound. A loudspeaker cannot be operated in a street—

- (a) between 9 p.m. and 8 a.m. the following morning for any purpose ;
- (b) at any other time, for the purpose of advertising any trade, entertainment or business.

These prohibitions do not apply, however, in the following cases—

- (1) by the police, fire brigade and ambulance services and local authorities within their areas ;

- (2) for communicating with persons on a vessel to control the vessel ;
- (3) if the loudspeaker forms part of a public telephone system ;
- (4) if the loudspeaker is used in a vehicle, either for the entertainment of passengers or for giving warning to traffic and is operated so as not to annoy persons in the vicinity ;
- (5) if the loudspeaker is not on a highway and is used by a transport undertaking for announcements to passengers ;
- (6) by a travelling showman on land which is being used for a pleasure fair ;
- (7) in an emergency.

The prohibition against using a loudspeaker for advertising a trade, etc., does not prevent the use of a loudspeaker between noon and 7 p.m. for such trades as the sale of ice cream provided that it does not give reasonable cause for annoyance to persons in the vicinity.

The Act provides, however, that existing bye-laws prohibiting an activity permitted by the Act are not to be affected, so that the Council's bye-law, which has been used on occasion by the police, to prosecute an ice cream vendor, can continue to be used.

Up to the present time, the only benefit received from the Act is that the chiming of ice cream vendors have ceased in accordance with the requirements of the Act. This will benefit considerably the parents of young children who will no longer be disturbed after the hour of 7 p.m., and night workers will not be disturbed before the hour of 12 noon by repeated chiming by ice cream vendors.

The noise created by West Indians holding socials or parties will not be so easy to control as it is very rare for these parties to be held in the same premises on frequent occasions. Consequently, any statutory action taken in respect of a premises on one particular night will not prevent a similar party being held in the adjoining house on the following night.

However, experience will show how this act can be applied to numerous complaints of nuisance now being received.

2. Rag Flock and Other Filling Materials Act, 1951

Five premises are registered. Two samples of rag flock were submitted for analysis and were found to be satisfactory.

3. Pet Animals Act, 1951

Five premises are registered and all are satisfactorily maintained.

4. National Assistance Act, 1948—Section 50

BURIAL OF THE DEAD

Burial of the bodies of six persons was undertaken as no other arrangements for interment had been made.

No.	Age	Sex	Cost of Bnrial	Recovery of Expense
			£ s. d.	
1	87	F	13 17 6	Full cost recovered from estate.
2	68	M	10 17 6	Death grant. Full cost recovered.
3	56	M	11 2 6	Death grant. Full cost recovered.
4	Unknown	Baby	2 5 0	No recovery effected.
5	70	F	11 17 6	Death grant not payable. Recovery not effected.
6	4½ mths.	F	4 17 6	Death grant. Full cost recovered.

5. Shops Act, 1950

Section 38 of this Act relates to the health and comfort of the shop workers. Visits are made to shops to ensure that the requirements of the Act are being complied with, and opportunity is taken of inspecting plans for new shops or for alterations to existing premises. If necessary the owner or the architect is contacted and guidance is given where the plans indicate that the requirements of the Act are not fully met.

XI. MISCELLANEOUS

1. Public Conveniences

During the year a considerable amount of time was spent on the discussion of the need for improved public conveniences in the Borough. The Public Health Committee decided on a phased programme of the provision of new conveniences and replacing old obsolete conveniences.

The provision of these facilities is an expensive one and is often marred by the wilful destruction of excellent buildings and fittings. The new conveniences in St. Paul's Square were deliberately damaged on many occasions and this resulted in considerable expense in the employment of the attendant on a full-time basis. The action of these hooligans does make it very difficult to provide free facilities.

During 1961 it is hoped to provide five new conveniences : this includes two replacements and three new premises.

The convenience in conjunction with the multi-storey car park will be opened with showers for males and females in place of domestic baths previously used. Each set of conveniences will be provided with wash-hand basins, hot and cold water and paper towels, and will improve these very necessary facilities within the Borough.

2. Almshouses

The future of the two groups of almshouses within the Borough is in the balance.

Those in St. Loyes, which are definitely unfit, are to be demolished in accordance with the central area redevelopment scheme and these are to be replaced in a new block on the Embankment.

The new accommodation will be a tremendous improvement on that enjoyed by the old people in the present houses.

The position with the Dame Alice Almshouses is such that they could be improved and brought up to standard but this would necessitate considerable expenditure which probably would be unreasonable. A decision will have to be made as to whether they are to be allowed to occupy their present site in the centre of the town.

3. Public Health Education

The Public Health Inspectors' duties are becoming more and more of an educational nature not only in connection with food hygiene but also under the Clean Air Act, the improvement of property and standards in connection with houses let in lodgings. Thus, what at first could be regarded as simple straightforward complaints or problems now necessitate a considerable amount of time being devoted to them in order that the complainant may understand the reasons for the action taken and this is particularly so in connection with the proposed smoke control area survey visits. Though these explanations and discussions may make the duties more arduous they do improve public relations and co-operation of members of the public can be obtained.

XII.

Statistical Tables

1. Housing

(A) ACTION TAKEN DURING 1960

1.	<i>Inspection of Dwellinghouses during the year :</i>	
(1)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	498
(2)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	131
(3)	Number of dwellinghouses found to be in a state so dangerously injurious to health as to be unfit for human habitation	131
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	113
2.	<i>Remedy of Defects during the year without Service of Formal Notices :</i>	
	Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	77
3.	<i>Action under Statutory Powers during the year :</i>	
(a)	Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957—	
(1)	Number of dwellinghouses in respect of which notices were served requiring repairs	—
(2)	Number of dwellinghouses which were rendered fit after service of formal notices—	
(a)	By Owners	—
(b)	By Local Authority in default of owners	—
(b)	Proceedings under Public Health Acts—	
(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	99
(2)	Number of dwellinghouses in which defects were remedied after service of formal notices—	
(a)	By Owners	10
(b)	By Local Authority in default of owners	67
(c)	Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957—	
(1)	Number of dwellinghouses in respect of which demolition orders were made	15
(2)	Number of dwellinghouses demolished in pursuance of demolition orders	17
(3)	Number of dwellinghouses in respect of which closing orders were made	5
(4)	Number of dwellinghouses where closing orders were in force but which have been demolished	5

(d) Proceedings under Section 18 of the Housing Act, 1957—									
(1)	Number of separate tenements or underground rooms in respect of which closing orders were made ...								4
(2)	Number of separate tenements or underground rooms in respect of which closing orders were determined, the tenement or room having been rendered fit ...								—
(B) SLUM CLEARANCE PROGRAMME—PROGRESS SINCE 1955									
Number of houses included in Programme at end of 1959								637	
Number of houses added to Programme during 1960								283	
Number of houses not included in Programme also dealt with since 1955								34	
									954
Number of houses demolished								480	
Number of houses closed								28	
									508
Number of houses still to be dealt with									446

2. Houses Let in Lodgings

Number of premises occupied as Houses Let in Lodgings as at 31st December, 1960 ...									
Number of persons occupying these premises :									
Adults	...	...	...	...	...	...	...	3,826	
Children	...	...	...	...	...	...	...	1,448	
Total Persons ...								5,274	

OCCUPANTS BY NATIONALITIES

					Adults	Children
English	...	...	...	...	313	76
Americans	...	...	...	...	30	11
British West Indians	...	...	...	...	385	81
Czechs	...	...	...	...	4	—
Estonians	...	...	...	...	1	—
Germans	...	...	...	...	5	—
Greeks	...	...	...	...	1	—
Hungarians	...	...	...	...	32	9
Indians	...	...	...	...	135	16
Irish	...	...	...	...	199	34
Italians	...	...	...	...	2,116	1,079
Latvians	...	...	...	...	48	10
Lithuanians	...	...	...	...	2	—
Maltese	...	...	...	...	3	—
Nigerian	...	...	...	...	3	—
Pakistanis	...	...	...	...	248	18
Poles	...	...	...	...	147	48
Roumanians	...	...	...	...	6	3
Austrians	...	...	...	...	2	1
Spaniards	...	...	...	...	5	—
Ukranians	...	...	...	...	36	6
Yugoslavs	...	...	...	...	100	56
Arabs (Aden)	...	...	...	...	5	—

3. Rent Act, 1957

APPLICATIONS DEALT WITH DURING 1960

Number of applications for Certificates of Disrepair	...	...	7
Number of applications approved (3 whole, 3 part)	...	...	6*
Number of applications refused	...	...	2
Number of undertakings from owners accepted	...	...	3
Number of applications cancelled	...	...	2
Number of Certificates of Disrepair issued	...	...	1
Number of applications for Cancellation of Certificate of Disrepair	...	...	1
Number of applications approved	...	...	—
Number of applications refused	...	...	1
Number of applications from owner for Certificate that Undertaking had been carried out	...	...	5
Number of applications approved	...	...	4
Number of applications refused	...	...	1

* Includes an application received in 1959 but not finally dealt with until 1960.

4. Food Inspection

(A) NO. OF PREMISES

Bakehouses	...	...	...	...	...	...	...	23
Brewery and Soft Drink Manufacturers	...	...	...	...	...	...	...	3
Butchers	...	...	...	...	...	...	...	52
Cafes and Restaurants	...	...	...	...	...	...	...	52
Canteens (school and works)	...	...	...	...	...	...	...	54
Chemists	...	...	...	...	...	...	...	21
Confectioners (flour)	...	...	...	...	...	...	...	20
Confectioners (sugar)	...	...	...	...	...	...	...	56
Fishmongers (including fish friers)	...	...	...	...	...	...	...	18
Flour Mills	...	...	...	...	...	...	...	1
Food Storage Depots	...	...	...	...	...	...	...	9
Fruiterers and Greengrocers	...	...	...	...	...	...	...	39
Grocery and Provisions	...	...	...	...	...	...	...	169
Licensed Premises	...	...	...	...	...	...	...	91
Sweet and Chocolate Manufacturers	...	...	...	...	...	...	...	2

In addition there are forty-five food stalls on the Market Square, as follows—

Confectionery	...	...	...	...	...	...	...	2
Fish	...	...	...	...	...	...	...	4
Snack Bars	...	...	...	...	...	...	...	2
Fruit and Vegetables	...	...	...	...	...	...	...	35
Ice Cream	...	...	...	...	...	...	...	1
Poultry	...	...	...	...	...	...	...	1

(B) SAMPLES SENT TO PUBLIC ANALYST

Purchases

<i>Nature of Sample</i>	Formal	Informal
Cream	—	5
Cakes and Pastries	—	3
Fish, Tinned, and Fish Pastes ...	—	1
Fruit Drinks, Juices and Table Waters	—	6
Groceries, Miscellaneous	2	21
Ice Cream	—	7
Meat and Meat Products	1	18
Medicines and Drugs	—	9
Milk	10	76
Mock Salmon Cutlets	1	—
Sausages and Sausage Meat	7	2
Sweets	—	3
Wine	1	—
	22	151

(C) SAMPLES REPORTED TO BE NOT GENUINE OR OTHERWISE
GIVING RISE TO IRREGULARITY

Sample No.		Commodity	Nature of Adulteration	Remarks
Formal	Informal			
227	318	Bread with butter substitute	Analyst stated that butter substitute for margarine is not justified.	Warning letter to vendor.
		Milk	Deficient in fat to the extent of at least 41%.	Sample taken from vending machine. Subsequent 5 formal samples taken from various vending machines (all supplied with milk from same producer) were reported upon by the Analyst as satisfactory.
325	340	Bread and butter	Label exhibited that butter is a substitute containing 10% of butter. Analyst of opinion that the article should be described as margarine.	Letter sent to cafe proprietor who now sells butter in the cafe.
		Christmas Pudding	Label of article failed to disclose the composition as required by the Labelling of Food Order.	Letter to vendor. Christmas puddings suitably labelled.

(D) UNSOUND FOOD

Article of Food	Source of Complaint	Nature of Complaint	Action Taken
Soup	Private individual	Screw in soup	Insufficient evidence that screw was in tin when opened. Letter to manufacturers.
Milk	Private individual	Dirty bottle	Warning letter to vendor.
Bread	Private individual	Bolt in loaf	Warning letter to manufacturer.
Teacake	Private individual	Nail	Warning letter to vendor.
Meat Pie	Private individual	Mould	Vendors prosecuted. Case dismissed. Bench decided there was not sufficient evidence to prove the pie was mouldy when it left the shop.
Bread	Private individual	Foreign body in loaf	Warning letter to manufacturers.
Milk	School	Glass in bottle	Unsatisfactory evidence. Warning letter to vendors.
Milk	Private individual	Sand in bottle	Complaint from person to whom milk had been given. Purchaser did not desire legal action to be taken. Warning letter to vendors.
Milk	School	Glass in bottle	Unsatisfactory evidence. No action taken.

(E) DAIRIES AND MILK DISTRIBUTORS

Premises registered as Dairies 6

Milk Distributors :

(i) Trading from premises in Bedford 74

(ii) Trading from premises outside Bedford 6

(F) MILK (SPECIAL DESIGNATIONS) LICENCES

	No. of Licences	
	Traders in Borough	Traders outside Borough
Pasteurised Milk	77*	5
Tuberculin Tested Milk	44	6
Sterilised Milk	27	4
Total	148	15

* Includes one pasteurisation plant.

(G) EXAMINATION OF SPECIALLY DESIGNATED MILKS

Designation of Milk	Samples submitted	Methylene Blue Test*		Phosphatase Test		Turbidity Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised ...	191	168	—	191	—	39	—
Tuberculin Tested (Pasteurised)	86	83	1	86	—		
Sterilised ...	39						
Tuberculin Tested (Raw) ...	29	22	7				

* The Methylene Blue Test in respect of 23 Pasteurised and 2 Tuberculin Tested (Pasteurised) samples was invalid as the atmosphere shade temperature exceeded 65° F.

(H) SLAUGHTERHOUSES

(1) Carcasses Inspected and Condemned

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and lambs	Pigs	Total
Number killed and in- spected	3,159	276	389	9,064	8,301	21,220
<i>All diseases except tuber- culosis and cysticercosis</i> Whole carcasses con- demned	—	4	10	7	4	25
Carcasses of which some part or organ was condemned ...	567	45	—	41	251	904
Percentage of number inspected affected with disease other than tuberculosis and cysticercosis	17.78	17.75	2.57	0.53	3.07	4.38
<i>Tuberculosis only—</i> Whole carcasses con- demned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	6	4	—	—	150	160
Percentage of number inspected affected with tuberculosis	0.19	1.45	—	—	1.80	0.75
<i>Cysticercosis—</i> Carcasses of which some part or organ was condemned ...	18	—	—	—	—	18
Carcasses submitted to treatment by refriger- ation	18	—	—	—	—	18
Generalized and totally condemned ...	—	—	—	—	—	—

In addition 1 goat was killed and inspected.

(2) Meat Weight Condemned

Class of Animal	Tuberculosis			Other Diseases			Total lbs.
	Whole Carcase	Part Carcase and Offal	lbs.	Whole Carcase	Part Carcase and Offal	lbs.	
Cattle (excluding Cows) ...	—	6	164	—	567	8,988	9,152
Cows ...	—	4	98	4	45	2,710	2,808
Calves ...	—	—	—	10	—	399	399
Sheep and Lambs ...	—	—	—	7	41	695	695
Pigs ...	—	150	1,832	4	251	1,369	3,201
Totals ...	—	160	2,094	25	904	14,161	16,255

(I) POULTRY, ETC. INSPECTED AT THE SALE YARD

Pheasants	...	...	...	...	...	...	...	51
Geese ...	...	...	...	...	...	...	...	30
Fowls ...	...	...	...	...	...	...	...	3,561
Hares ...	...	...	...	...	...	...	...	20
Turkeys	...	...	...	...	...	...	...	193
Pigeons	...	...	...	...	...	...	...	12
Ducks ...	...	...	...	...	...	...	...	88
Rabbits	...	...	...	...	...	...	...	9
Partridges	...	...	...	...	...	...	...	5
Total ...								3,969

(J) OTHER FOODS CONDEMNED

Class of Food	lbs.
Bacon	78
Bananas	407
Biscuits	405
Butter	170
Carrots	150
Cheese	281
Cooked Meats	42
Currants	140
Dried Fruit	56
Fish	47
Flour	112
Ice Cream	1,203
Imported Meat	153
Imported Rabbits	137
Lard	164
Margarine	113
Oatmeal	168
Potatoes	728
Poultry	179
Sugar, Icing	112
Tinned Goods—various commodities (10,712 containers) ...	10,170
Total lbs.	15,015

5. Factories Act, 1937

(A) INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	No. on Register	No. of inspections	No. of written notices	No. of occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	36	24	1	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	*246	259	19	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ...	47	23	—	—
Total	329	306	20	—

* Many of these are small factories where only a few persons are employed.

(B) CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				No. of cases in which proceedings were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
of cleanliness	1	—	—	—	—
crowding	—	—	—	—	—
reasonable temperature ...	—	—	—	—	—
adequate ventilation ...	—	—	—	—	—
effective drainage of floors...	1	1	—	—	—
any conveniences—					
Insufficient	—	—	—	—	—
Unsuitable or defective	19	12	—	4	—
Not separate for sexes	—	—	—	—	—
offences against the Act not including offences re- lating to outwork)	—	—	—	—	—
Total	21	13	—	4	—

(C) OUTWORKERS

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of work in instances of unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making, etc.	37	—	—	—	—	—
Household linen	5	—	—	—	—	—
Curtain and furniture hangings	3	—	—	—	—	—
Furniture and upholstery ...	1	—	—	—	—	—

There is a NIL return for all other types of outwork.

6. Prevention of Damage by Pests Act, 1949

(A) PREMISES INSPECTED AND TREATED

	Type of property				
	Local authority	Dwelling houses	Agricultural	Business	Total
Number of properties inspected—					
(a) on complaint	11	245	2	85	343
(b) on survey	—	16	1	6	23
Number of properties found to be infested with rats—					
(a) major	—	—	—	—	—
(b) minor	7	175	2	36	220
Number of properties found to be infested with mice	1	38	—	34	73
Number of infested properties treated by Local Authority ...	8	213	2	70	293
Number of re-visits to infested premises	27	588	9	202	826
Number of notices served—					
(i) treatment	—	—	—	—	—
(ii) structural works	—	—	—	—	—
Number of block control schemes carried out	—				

(B) SEWER TREATMENTS

Number of manholes baited	529
Number of manholes showing prebait take	346
Number of manholes showing no take	183

7. Premises Disinfested

Premises	Nature of Vermin	Number of Premises
Houses—Council	Bugs	9
	Ants	7
	Wasps	5
	Beetles, etc.	11
Houses—privately owned	Bugs	3
	Ants	15
	Wasps	54
	Beetles, etc.	27
Business premises	Bugs	1
	Ants	4
	Wasps	3
	Beetles, etc.	8
Total		147

8. Summary of General Inspections and Administrative Duties

Housing

Houses inspected under the Housing Act, 1957	...	...	168
Houses totally unfit for human habitation	...	...	131
Premises inspected under the Public Health Act, 1936	...	...	330
Premises where nuisances discovered	...	...	126
Premises where nuisances abated	...	...	94
Revisits to houses under Housing and Public Health Acts	...	...	933

Overcrowding (not including Houses Let in Lodgings)

Visits	...	...	...	...	16
Houses found to be overcrowded	1

Infectious Diseases

Investigations undertaken	558
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Verminous and other Conditions

Visits to verminous premises	84
------------------------------	-----	-----	-----	-----	----

Drainage

House drains tested on payment of fee	...	...	...	2
Drains tested or inspected on complaint	...	...	...	230
Revisits during repairs or reconstruction	...	...	...	279

Visits to

Houses Let in Lodgings	...	...	...	...	840
Moveable Dwellings, Caravans, etc.	...	...	...	...	40
Public Houses	...	...	...	...	18
Hotels	...	...	...	...	6
Restaurants	...	...	...	...	202
Fish Frying Premises	...	...	...	...	33
Slaughterhouses	...	...	...	...	1,033

Dairies and Milkshops	44
Other Shops and Premises where Food is prepared, stored or exposed for sale	2,568
Bakehouses	39
Places of Entertainment	27
Factories with mechanical power	259
Factories without mechanical power	24
Work places	23
Shops under Section 38, Shops Act, 1950	71
Premises where animals are kept	11
Offensive trades premises	5
Manufacturers and Stores—Rag Flock and other filling materials	2
Sundry nuisances	145
Miscellaneous visits	1,585

Food and Drugs

Samples submitted to Public Analyst :	
Milk	86
Ice Cream	7
Other foods and drugs	80
Samples examined by the Public Health Laboratory Service :	
Milk	345
Ice Cream	46
Total number of samples obtained for examination	564

Rats and Mice Destruction

Inspection of premises by Public Health Inspectors	306
Inspection of premises by Rodent Operators	366
Visits for treatment, including revisits	1,119

Rent Restriction Acts

Interviews	11
Inspections for Certificates of Disrepair, etc.	11

Smoke Abatement

Observations made	9
Interviews with managers, stokers, etc.	17
Inspection of boiler plants	10
Smoke Control Area	700

General and Office Routine

Visits for interviews with owners, agents, builders, tenants, etc.	401
Interviews at office with owners, agents, builders, tenants, etc.	252

General Administration

Notices served :

	Informal	Formal
Housing Act	4	8
Public Health Act	126	99
Shops Act	3	—
Factories Act	20	—
Food Hygiene Regulations ...	65	—
Clean Air Act	1	—
Total number of notices served ...	219	107

9. Detailed Nature of Work carried out as a Result of Notices

(A) DWELLINGHOUSES

General Improvements

Defective roofs repaired or renewed	18
Eaves, gutters and downspouts repaired or renewed	21
Damp walls remedied	23
Defective walls, brickwork and pointing made sound ...	29
Rooms cleansed and redecorated	15
Defective floors repaired or renewed	10
Defective windows repaired or renewed	50
Defective doors repaired or renewed	9
Defective firegrates repaired or renewed	14
Glazed sinks provided in lieu of defective sinks	4
Sinks and waste pipes repaired or renewed	6
Chimney heads or pots repaired or renewed	7
Defective ceilings made sound	13

Water Closets

Structural works undertaken	6
Pedestal pans provided in lieu of defective pans	5
Fittings repaired or renewed	10

Yards

Houses at which paving was repaired or renewed	5
Sanitary dustbins provided	11

(B) OTHER HOUSING ACCOMMODATION

Houses Let in Lodgings

Additional cooking stoves provided	1
W.C. compartments repaired	1
Overcrowding abated	15
Rent books supplied	9

(C) FOOD PREMISES

Food Preparing Rooms

General cleansing and redecoration	...	...	...	...	24
Washbasins provided	...	...	...	...	11
W.C. compartments cleansed	...	...	...	...	1
Sanitary dustbins provided	...	...	...	...	2
Hot water supply provided	...	...	...	...	15
Clothing lockers provided	...	...	...	...	2
Benches provided or repaired	...	...	...	...	4
Artificial lighting provided to W.C. compartments	...	...	...	...	5
“Now wash your hands . . .” notices provided	...	...	...	...	11
Soap, towels and nail brushes provided	...	...	...	...	11
Sinks provided	...	...	...	...	6

Slaughterhouses

Regular periodic limewashing and general cleansing	...	5
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(D) OTHER PREMISES

Factories

Sanitary accommodation requirements complied with :		
(a) Provided	...	—
(b) Repaired	...	12
Other defects remedied	...	1

REPORT
OF THE
School Medical Officer

Telephone Nos.:
Bedford 68777 and 2261.

PUBLIC HEALTH DEPARTMENT,
4 GOLDINGTON ROAD,
BEDFORD.

To THE CHAIRMAN AND MEMBERS
OF THE COMMITTEE FOR EDUCATION.

I beg to submit my Annual Report for the year 1960, though this year the School Health Service was under the control of the Bedford Divisional Executive of the County Education Committee until 1st November, 1960, when education was a service delegated to the Borough Council. In view of this the usual report was submitted for inclusion within the report of the Principal School Medical Officer. To extract the figures for the remaining part of the year would be time consuming and of little value.

An outline of the School Health Service is therefore submitted, which will I hope be helpful both to Committee members and to others who may read the report from a general interest in the subject.

The school population is now over 8,000 and as the physical health of the children has greatly improved psychological problems can now be given more attention. Unfortunately these problems are extremely time consuming and difficult. Moreover, should psychiatric advice be required delays occur in gaining an interview at the Child Guidance Clinic and the frequency and extent of treatment is curtailed by staff shortages.

In view of the physical improvement it is probable that of the routine medical inspections of school entrants, at about 10-11 years and of school leavers, the intermediate examination might be dropped reliance being placed upon information from the school, parents and more detailed written reports. Experiments on these lines are under way in a number of areas.

Some anxieties have been expressed over the health of children from abroad, but little evidence has come to light to substantiate this. The fact that both parents may go out to work has in some cases made dealing with the children more difficult, appointments have not been kept and treatment not carried out thoroughly enough.

Chronic staffing difficulties are usual in the fields of dentistry and educational psychology and affects nearly all areas.

I wish to thank my Deputy, Dr. P. Lavis, and Doctors Harries and Scott-Clarke for their services and the Head-Teachers for their help and co-operation throughout the year.

I am,

Your obedient Servant,

CLIVE L. SHARP,

School Medical Officer.

School Medical Officer :

C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer :

R. G. HENDRY, M.B., CH.B., D.OBST.R.C.O.G., D.P.H. (Resigned 30/6/60).

P. LAVIS, M.B., CH.B., D.P.H. (Appointed 1/7/60).

School Nurses :

MRS. D. DAVIDSON, S.R.N.

MRS. I. ARMSDEN, S.R.N. (Part-time).

MRS. M. SETCHELL, S.R.N. (Part-time).

During the year, two private doctors were engaged for work in the School Health Service on a sessional basis.

The services of two nurses as part-time school nurses, who were appointed in the latter part of 1957, were retained during the year.

Report of the School Medical Officer

I. GENERAL STATISTICS

The following table shows the number of children attending the 24 school departments in the area of the Borough of Bedford at the beginning of January, 1961.

Type of School				No. of Schools	No. on Roll
Nursery	...	...	...	1	44
Infant	...	...	...	8	1,594
Primary Junior Mixed	...	...	...	6	2,225
Primary Junior Mixed and Infant	...	...	...	3	1,548
*Secondary Modern	...	...	...	6	2,581
				<hr/> 24	<hr/> 7,992
*Mixed	...	...	...	...	4
Boys	...	...	...	...	1
Girls	...	...	...	...	1

That the number of children in the schools has increased from 7,480 at the beginning of January, 1960, to 7,992 at the beginning of January, 1961.

The number of foreign and commonwealth children in attendance at Borough schools at the week ended 18th December, 1960, was 1,014.

Scope of Medical Inspection

Routine medical inspections are made on entry, at 10-11 years and before leaving school. The School Nurse makes tests of vision at these times and intermediately. Children are also seen at the request of parents or teachers and at the request of the Magistrates.

II. MEDICAL TREATMENT

There are two school clinics for the general use of children attending schools in the Borough of Bedford, namely 30 Bromham Road for the schools north of the river, and 29 Barford Avenue for schools south of the river ; and for certain purposes, children of the Borough also attend the clinic at 3 St. Peter's Street. The work carried out at these clinics may be given in summary form as follows :—

<i>Location of Clinic</i>	<i>Time of Session</i>	<i>Work carried out</i>
30 Bromham Road ...	<p>Tuesdays and Thursdays in term time, 9-9.30 a.m.</p> <p>Friday afternoons at 2.30 p.m.</p> <p>Approx. eight sessions weekly</p> <p>As required</p> <p>As required</p> <p>As required</p>	<p>Treatment of minor ailments by School Nurse.</p> <p>Consultations by School Medical Officer.</p> <p>Treatment by School Dental Officer.</p> <p>Diphtheria immunisation.</p> <p>Poliomyelitis vaccination.</p> <p>B.C.G. vaccination.</p>
29 Barford Avenue ...	<p>Tuesdays and Thursdays in term time, 9-9.30 a.m.</p> <p>Tuesday mornings at 10.15 a.m.</p> <p>As required</p> <p>As required</p> <p>As required</p> <p>Tuesday and Friday afternoons</p> <p>Tuesday afternoons weekly</p>	<p>Treatment of minor ailments by School Nurse.</p> <p>Consultations by School Medical Officer.</p> <p>Diphtheria immunisation.</p> <p>Poliomyelitis vaccination.</p> <p>B.C.G. vaccination.</p> <p>Ultra violet light treatment.</p> <p>Speech therapy.</p>
3 St. Peter's Street ...	Mondays and Wednesdays	Speech therapy.

Borough children are treated with County children for orthoptic treatment and child guidance.

Children with defective vision are referred by arrangement to Dr. H. Bentley, Ophthalmic Surgeon.

III. CONDITIONS FOUND ON INSPECTION

General

The general health of the school children remained satisfactory. The parents as a whole were eager to seek advice, whether from the family doctor or from the School Health Service.

Nutrition and General Physique

The generally good standard of nutrition and physique has been maintained.

There is a tendency for more children to be overweight. An over-high consumption of sweets and ice cream is probably responsible.

Minor Ailments

Children with minor ailments can attend the school clinics for treatment.

Other than a troublesome little outbreak of impetigo infectious disease did not cause many visits to the clinics, whereas this was once very common.

Hospital Treatment

Hospital treatment generally is the responsibility of the Regional Hospital Board. Some institutions which rank as schools or convalescent homes do not come under the hospital scheme and children may be sent to such institutions at the expense of the local education authority.

IV. INFECTIOUS DISEASES

Diphtheria Immunisation

The scheme relating to diphtheria immunisation generally works well. It depends for its efficient working on the co-operation of the Head Teachers. Many of the injections are carried out at school.

It is estimated that 70 per cent of all children of school age have received a full course of re-inforcing injections.

Poliomyelitis Vaccination

The vaccination of children continued during the year, and many received a third injection, in accordance with the recommendation of the Ministry of Health, approximately seven months after the second injection was given. A recent change has been the giving of an additional dose a year after the third injection for children from five to twelve years.

B.C.G. Vaccination

B.C.G. Vaccination is available to all children of thirteen years of age and older.

After an initial tuberculin test (Heaf) those found to be negative are vaccinated.

Positive cases are referred to the Bedford General Hospital for a chest X-ray examination.

Tuberculin Testing

The object of this test is to ascertain, as soon as children enter upon the wider contacts of school life, whether there is reason to suppose by their giving a positive reaction to tuberculin that they have been in contact, in the smaller world of the family which they have just left, with any infectious case of tuberculosis. Those children who give a

positive reaction to the test are referred to the Chest Clinic for confirmation of the positive findings and if the positive reaction is confirmed by more exact tests investigation can be made among family contacts with a view to discovering hitherto undiscovered cases of active tuberculosis. The whole purpose of the scheme is therefore to ascertain and secure treatment for active cases of tuberculosis at the earliest possible moment.

About one in five do not consent to this simple test being carried out.

V. SPECIAL FORMS OF TREATMENT

Ultra Violet Light Treatment

Sessions for ultra violet light treatment are held at the clinic at 29 Barford Avenue, and children from schools both sides of the river attend there for treatment.

General debility and frequent upper respiratory infection are the usual causes for referral. Acne is a condition which may benefit from this treatment.

Orthopaedic and Postural Defects

Treatment for such minor conditions as bad posture, flat feet and knock knee of slight degree is undertaken at the Bedford College of Physical Education.

Children requiring more special treatment or advice are referred to the Orthopaedic Department at the Bedford General Hospital.

Speech Therapy

Children with speech defects receive treatment from the Speech Therapist at the clinics at Barford Avenue and St. Peter's Street.

Handicapped Children

The ten categories of Handicapped Pupils defined in the School Health and Handicapped Pupils Regulations are as follows.

(a) Blind Pupils :

“Pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight.”

Number of pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	2
Number of blind pupils admitted to Special Schools during the year	—
Total number of blind pupils in Special Schools for the Blind at 31st December, 1960	1

(b) Partially Sighted Pupils : :

“Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.”

Number of partially sighted pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	...	2
Number of partially sighted pupils admitted to Special Schools during the year	...	...	...	...	...	...	...	—
Total number of partially sighted pupils in Special Schools for partially sighted children at 31st December, 1960	...	...	...	...	...	...	...	1
Number of partially sighted pupils receiving home tuition	...	...	...	...	...	...	...	1

(c) Deaf Pupils :

“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”

Number of deaf pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	...	1
Number of deaf pupils admitted to Special Schools during the year	...	...	...	...	...	...	...	1
Total number of pupils in Special Schools for the Deaf at 31st December, 1960	...	...	...	...	...	...	...	2

(d) Partially Deaf Pupils :

“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”

Number of partially deaf pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	...	2
Number of partially deaf pupils admitted to Special Schools during the year	...	...	...	...	...	...	...	—
Total number of pupils in Special Schools for Partially Deaf Children at 31st December, 1960	...	...	...	...	...	...	...	3
Number of pupils attending the Unit for Partially Hearing Children at Luton	...	...	...	...	...	...	...	1
Number of pupils with hearing aids attending ordinary schools	...	...	...	...	...	...	...	4

(e) Educationally Subnormal Pupils :

“Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education, wholly or partly in substitution for the education normally given in ordinary schools.”

Number of Educationally Subnormal Children newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	...	18
Number of Educationally Subnormal Children newly assessed as needing special educational treatment in ordinary schools	...	...	...	...	...	...	...	16
Total number of children attending St. Margaret's Special School for Educationally Subnormal Pupils at 31st December, 1960	...	...	...	...	...	...	...	20

(f) Epileptic Pupils :
 “ Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

Number of epileptic pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	—
Number of epileptic pupils admitted to Special Schools during the year	...	...	...	...	...	...	—
Total number of epileptic pupils in Special Schools for Epileptic Children at 31st December, 1960	...	...	...	...	...	...	—

(g) Maladjusted Pupils :
 “ Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal social or educational readjustment.”

Number of maladjusted pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	3
Number of maladjusted pupils admitted to Special Schools, etc., for maladjusted children during the year	...	...	...	...	...	...	3
Total number of maladjusted pupils in Special Schools, Hostels, etc., at 31st December, 1960	...	...	...	...	...	...	5

(h) Physically Handicapped Pupils :
 “ Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”

Number of physically handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	—
Number of physically handicapped pupils admitted to Residential Special Schools at 31st December, 1960	...	...	...	...	...	...	4
Number of physically handicapped pupils receiving home tuition or attending a small private school	...	...	...	...	...	...	5

(i) Pupils suffering from Speech Defect :
 “ Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment.”

Number of pupils with speech defect newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	—
Number of pupils with speech defect admitted to Special Schools during the year	...	...	...	...	...	...	—
Total number of children with speech defect in Special Schools at 31st December, 1960	...	...	...	...	...	...	—

(j) Delicate Pupils :
 “ Pupils not falling under any other category who by reason of impaired physical condition need a change of environment, or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”

Number of delicate pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	...	...	...	...	...	...	1
Number of delicate pupils admitted to Special Open Air Schools during the year	...	...	...	...	...	...	—
Total number of delicate pupils in Residential Open Air Schools at 31st December, 1960	...	...	...	...	...	...	2
Number of delicate pupils receiving home tuition or attending a small private school	...	...	...	...	...	...	7

The largest and most important group is that of the educationally subnormal. In a special school, with smaller classes and specially trained and selected staff, such children often make considerable progress educationally and recover their morale, which has often suffered severely because of difficulties in learning to read. The new school planned for these children will not now be long delayed and will be welcomed by all who have the true interests of these children at heart.

It is much to be hoped that ignorant and stupid remarks about the “daft school” will not be made without immediate reprimand by some better informed person. Such remarks are not only stupid, but cause considerable unhappiness. The sympathy which we extend to the blind should not be denied to others who have handicaps needing some intelligence for their appreciation.

Failure to make normal progress at school

If a child is failing to make normal progress head teachers are requested to make a detailed report on educational attainment in various subjects, school attendance and observed behaviour. Reading is frequently the subject causing difficulties, though in a few cases in older children arithmetic has caused great difficulty.

The School Medical Officer has been specially trained and has the necessary equipment for carrying out intelligence testing in addition to the usual medical aspects. An interview with the parents and an examination of the child may then reveal whether there are important underlying reasons such as deafness, poor vision, chronic ill health, alexia, mental retardation or maladjustment, and the appropriate advice or reference to other specialists is made. Not infrequently difficulties in the home over management, discipline and parental ill health have been important in upsetting the child.

Bed Wetting

Many children suffer from this distressing condition and in the past have had a variety of forms of treatment, which have been attended with a modicum of success. In general most of them have no illness to account for the condition and it is a failure in the development of control. Quite often there is a family history of slowness in gaining control. Sometimes nervousness and bad management have delayed this process and these cases respond rapidly to suggestion, or, in some

cases, the combination of suggestion with varying forms of drug treatment and advice on management to the parent. Punishment is, of course, useless in such cases and does harm by making the child more nervous.

More recently, an electrical device, which wakes the child up with a loud buzzer immediately he passes a drop of urine, has been tried out and despite considerable doubt expressed by various people as to its efficiency and mode of action it has been possible to clear up a number of long standing cases of enuresis with this apparatus when other methods had failed.

It should, however, be used with discretion, as a child's bed wetting may be symptomatic of unwise management and problems within the home setting. Each case should be carefully reviewed to eliminate other factors before the apparatus is utilised.

At present there is a waiting list, which is tending to get longer as more cases come to our notice.

